

Peter Barnes

Town

Tuxedo

County

Prince George

MARYLAND

Died at

Date 1903

Month

April

Day

16

Y.

M.

D.

Native of

Occupation

Male

White

Age 28

- -

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Don't know

Mother's

Maiden Name

Mary Barnes

Cause of

Primary

Death

Immediate

Phthisis Pulmonalis

How long sick

8 months

Accident, Suicide, Homicide

Reported by

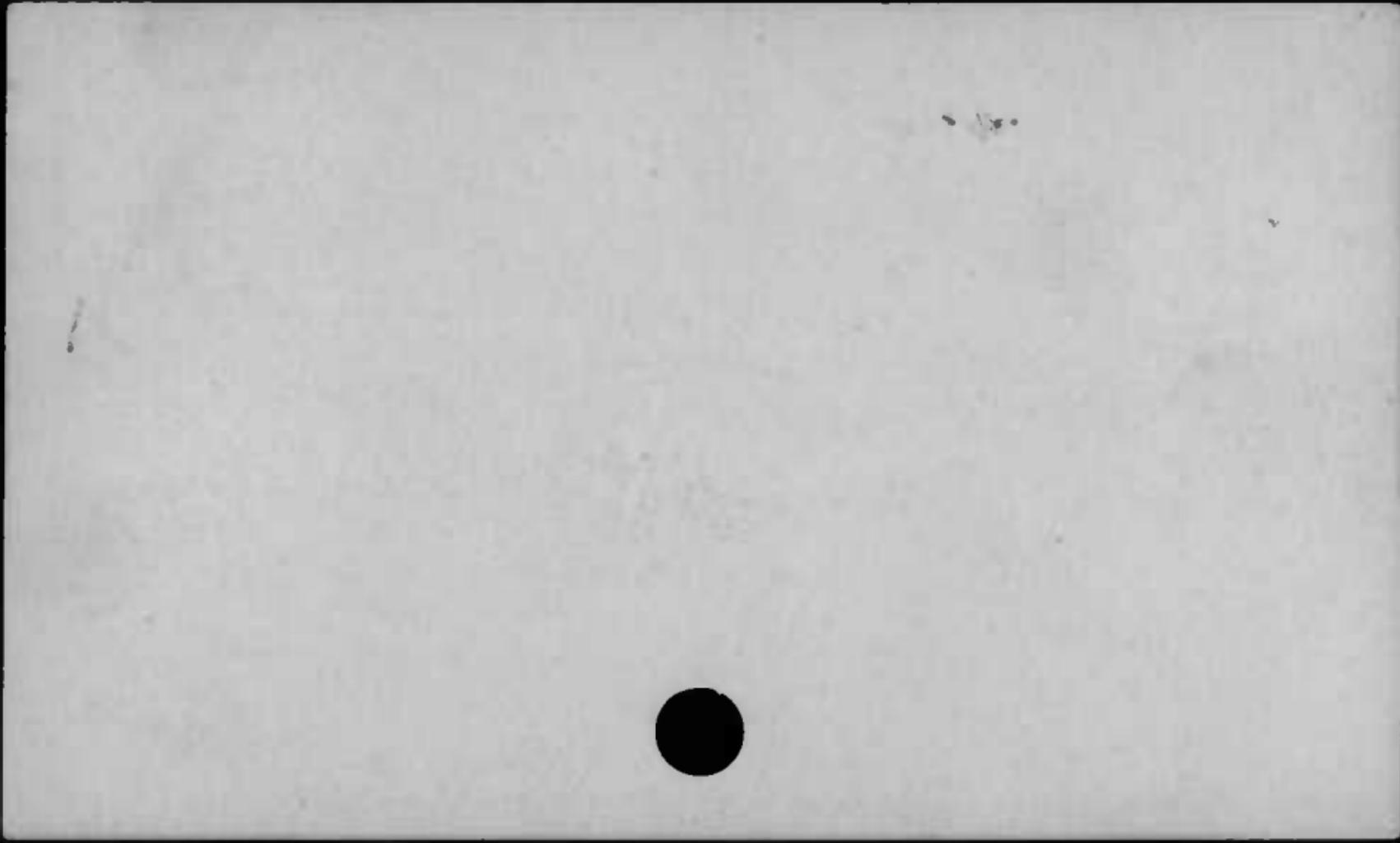
Dr Richardson M.D.

Address

Oxon Hill Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

X



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

William Barnes

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death 1903		Month 4	Day 5	Years 55	Months -	Days -	
Sex Male	Color or Race Colored	Birth-place Prince George					
Married, Single or Widowed Widowed	Occupation Laborer						
Name of Wife or Husband							
Father's Name John Barnes	Father's Birthplace Prince George						
Mother's Maiden Name Margaret Campbell	Mother's Birthplace Prince George						
Name of person giving Information George Bissell	How related to deceased Nucleus						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Severe Alcoholism

How long

Immediate

Exposure to

How long

Are the name, age, sex, color, date and place correctly given above?

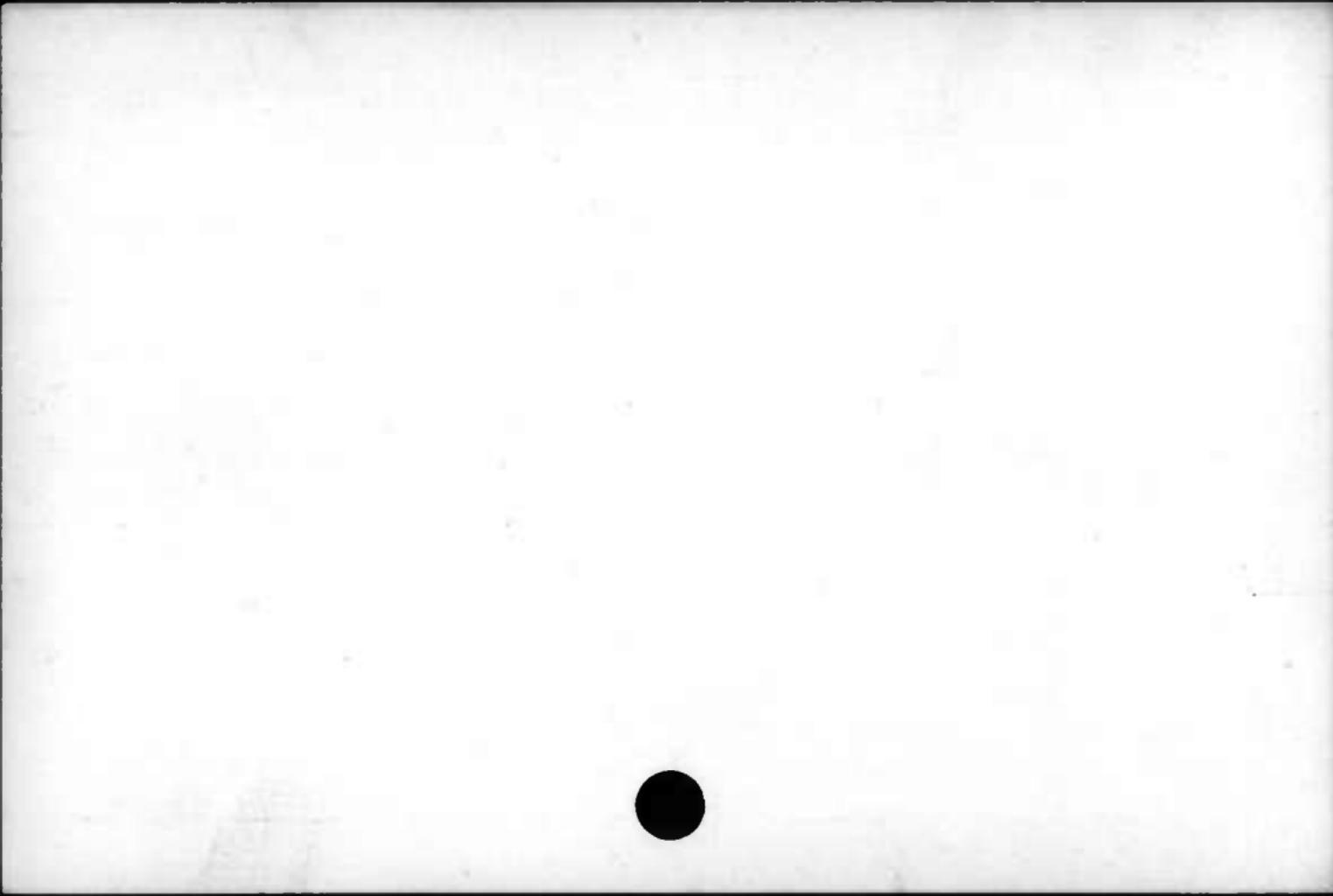
Yes

Signature of
Physician

Address

Harry Kelly
Pineaway Rd.

Accident or Suicide?



Name
in
Full

Robert Barton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1903	Month April	Day 26	Years 11	Months	Days
Sex	Male	Color or Race	Colored	Occupation	Birthplace	
Married, Single or Widowed				Steam		
Name of Wife or Husband						
Father's Name	Preston Barton				Father's Birthplace	Brown Md.
Mother's Maiden Name	Hannah Matthews				Mother's Birthplace	Elizabeth Md.
Name of person giving Information	Preston Barton				How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis

How long

6 months

Immediate

Exsanguination

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

John Duvall M.D.
Springfield Md.

Accident or Suicide?



Name
in
Full

Mary Nora Brook-bank

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND		
Died at	Hayatsville Md.	Prince George			
Date of death 1903	Month. April	Day 4	Years 19	Months -	Days -
Sex	Male	Color or Race	White	Birth-place	Maryland
Married, Single or Widowed	Single		Occupation		
Name of Wife or Husband					
Father's Name	Joseph S Brookbank		Father's Birthplace	Maryland	
Mother's Maiden Name	Emily H Davis		Mother's Birthplace	Maryland	
Name of person giving information	Joseph S. H. Brookbank		How related to deceased	Brother	

CAUSES OF DEATH

Primary	Pneumonia	q3	How long	5 days in bed
Immediate	Tuberculosis Pulmonary	q3	How long	about 6 months ago
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Address	Chasawus Hayatsville Md
Accident or Suicide?				X

Bladensburg

Name
in
Full

Horothy May Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Westphalia</u>		Town <u>A. Geo</u> County		MARYLAND				
Date of death <u>1903</u>	Month <u>Apr</u>	Day <u>4</u>	Age <u>1</u> Years	Months	Days			
Sex <u>Female</u>	Color or Race <u>white</u>			Birth-place <u>Westphalia</u>				
Married, Single or Widowed <u>—</u>	Occupation <u>—</u>							
Name of Wife or Husband <u>—</u>	—							
Father's Name <u>Hanry W. Brown</u>			Father's Birthplace <u>D.C. Md</u>					
Mother's Maiden Name <u>Gittings</u>			Mother's Birthplace <u>Wash D.C.</u>					
Name of person giving information <u>H.W. Brown</u>			How related to deceased <u>Father</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Deep Cold</u>	79	How long <u>2 dyes</u>
Immediate <u>Valvular disease of heart</u>		How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature Physician <u>L. A. Griffith</u>	Address <u>Upper Marlboro Md</u>
Accident or Suicide? <u>—</u>		



Name
in
Full

Elisabeth Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death 1903	Month April	Day 2	Years 61	Months	Days	
Sex Female	Color or Race	white	Birth- place	Md.		
Married, Single or Widowed	Widow	Occupation				
Name of Wife or Husband	D. J. Brown					
Father's Name	John D. Beale					
Mother's Maiden Name						
Name of person giving Information	R. O. Moore 79					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Complication of disease

How long

2 years

Immediate

Are the name, age, sex, color, date
and place correctly given above?

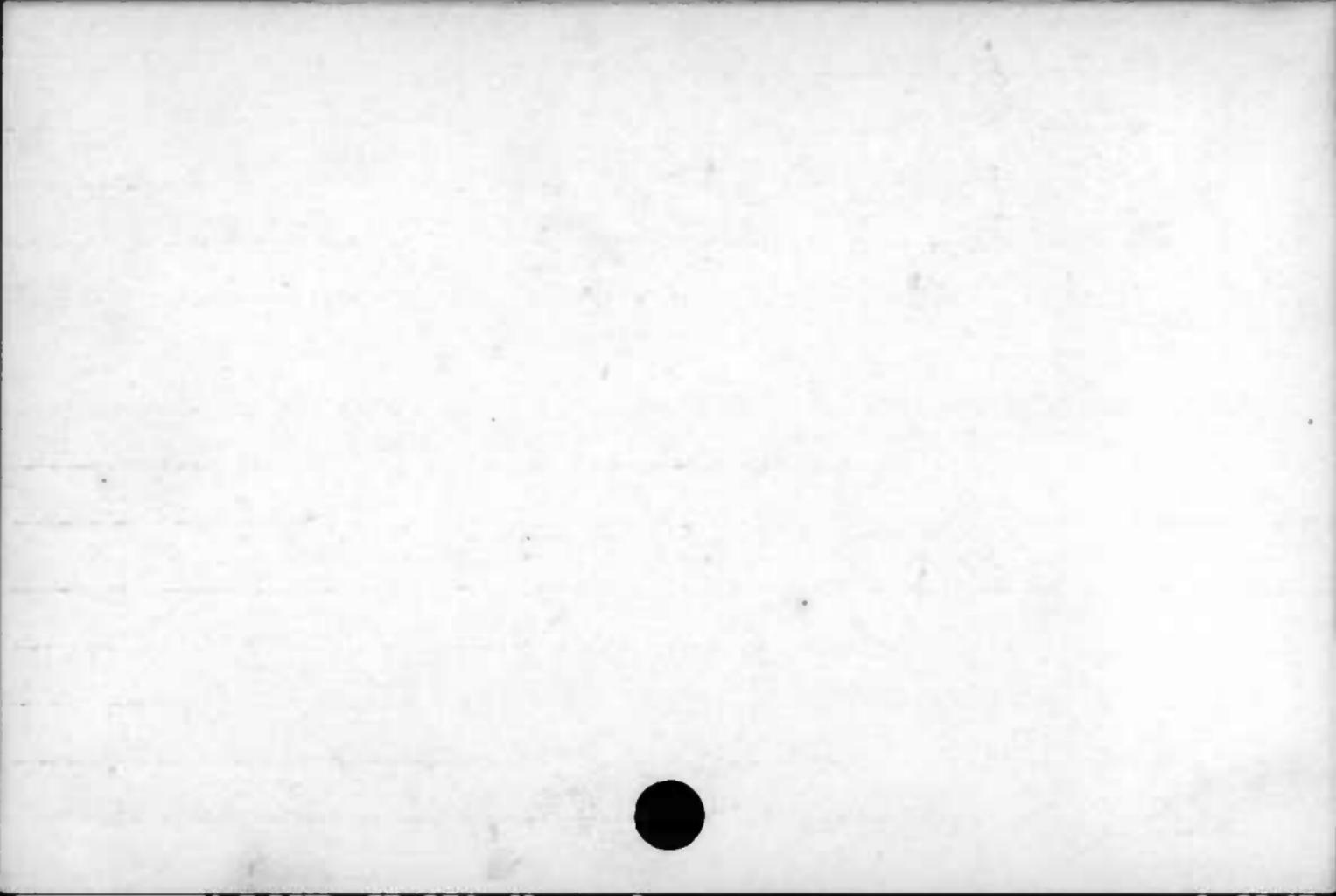
yes.

Signature of
Physician

Address

John E. Barnbury
Dorchester

Accident or Suicide?



Name
in
Full

Fanny Barry Bryan

CERTIFICATE OF DEATH

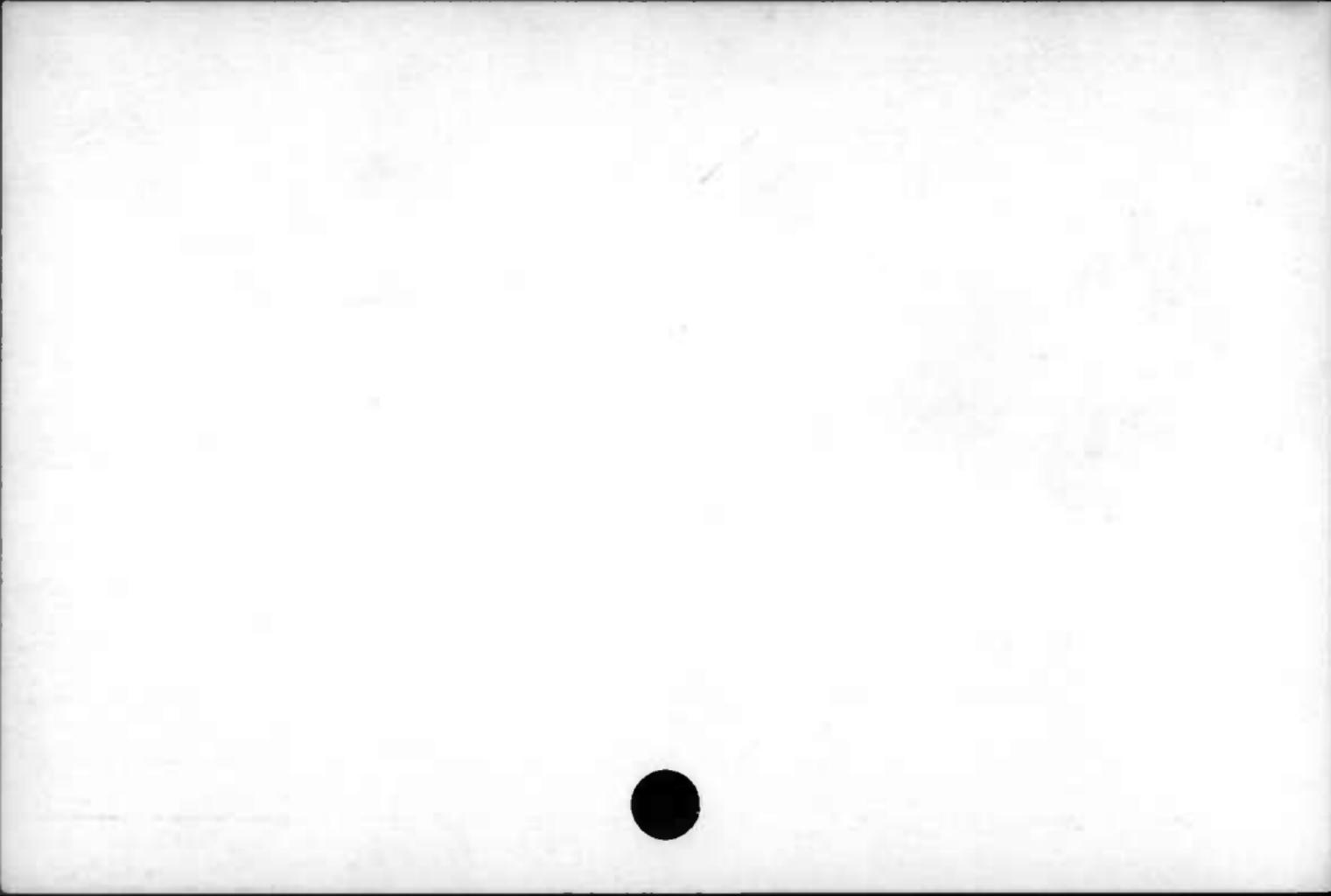
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bryans Point</u>		Town	County <u>Prince Georges</u>		MARYLAND	
Date of death 1903	Month <u>4</u>	Day <u>22</u>	Age <u>56</u>	Years	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Princ George</u>				
Married, Single or Widowed <u>Widow</u>	Occupation <u>Housewife</u>					
Name of Wife or Husband <u>James Southern Bryan</u>					Father's Birthplace <u>Pa. 660</u>	
Father's Name <u>David Barry</u>					Mother's Birthplace	
Mother's Maiden Name					How related to deceased	
Name of person giving information	<u>b</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Measles & Acute Bronchitis</u>	How long <u>9 days</u>
Immediate <u>Attack of box of</u>	How long <u>4 hours</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Hans Lally M.D.</u>
	Address <u>Private practice</u>
Accident or Suicide?	



Hillborn girl

Died <input checked="" type="checkbox"/>		Town	County	MARYLAND		
near Riggs Farm		Prince Geo.				
Date 19	03	Month	Day	Y.	M.	D.
Date 19 03		Apr	4	Age	Hillborn	MD
Male		White	Married		Widow	Divorced
Female		Colored	Single		Widower	Number of children living
Husband of						
Wife						
Father's Name		Emath M Barrell		Mother's Maiden Name	Bettie Gardner	
Cause of Death		Primary		How long sick		
		Immediate				Accident, Suicide, Homicide

Reported by

S.

Address

Hyattsville

Prince Geo Co

Must be signed by physician, any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Sarah J Butler

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at <u>Matthews ho</u>		Town	<u>P. G</u>	County		
Date of death <u>1903</u>	Month <u>April</u>	Day <u>9</u>	Age <u>83</u>	Years	Months	Days
Sex <u>Female</u>	Color or Race <u>Ethiopian</u>			Birth-place <u>Westwood 2d</u>		
Married, Single or Widowed <u>Widow</u>	Occupation		<u>None at time of death</u>			
Name of Wife or Husband						
Father's Name	Father's Birthplace					
Mother's Maiden Name	Mother's Birthplace					
Name of person giving Information	How related to deceased <u>Grandson</u>					
CAUSES OF DEATH						
Primary	<u>Bright's Disease</u>				How long <u>20</u>	<u>Don't know</u>
Immediate	<u>Insanity Convulsion</u>				How long	<u>" "</u>
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician	<u>W. H. Gibbons</u>	
				Address	<u>Crown and</u>	
Accident or Suicide? <u>X</u>						

PHYSICIAN
OR CORONER



Still Born

Died at	Town	County	Native of	Occupation
	Hyattsville	Prince George's	Maryland	MARYLAND
Date 1903	Month Apr	Y. 203	M. D.	D.
Male	White	Age Stillborn	Widow	Divorced
Female	Colored	Married	Widower	Number of children living

Husband of

Wife

Father's Name

Cause of

Death

Reported by

Address

Mother's Name

Mary Jane Chase

How long sick

Accident, Suicide, Homicide

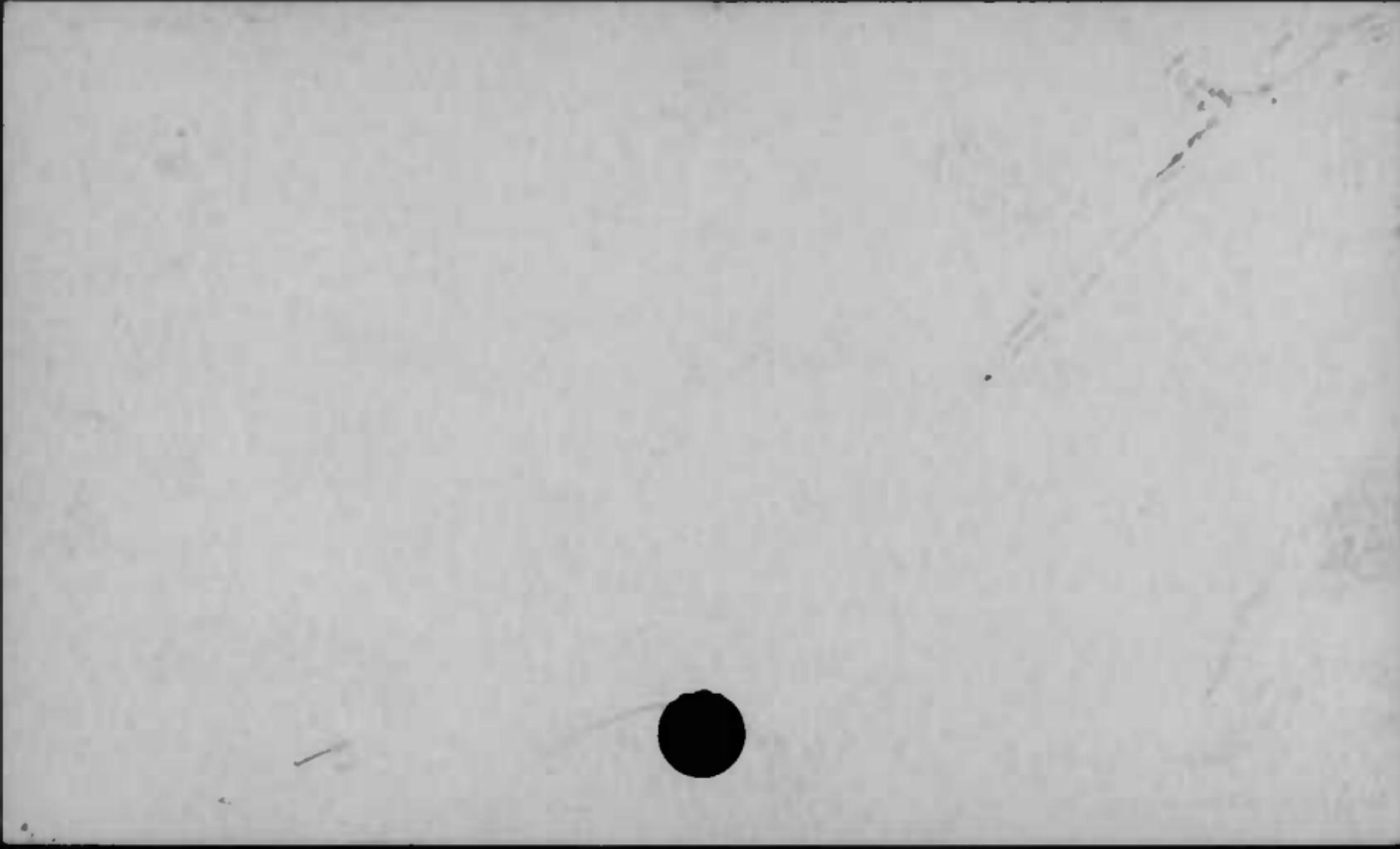
Primary Presumptive birth

Immediate

W. F. Peery

Hyattsville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

George Clements

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Burnyn</u> Town		County <u>Prince Geo.</u>		MARYLAND		
Date of death 1903	Month <u>Apr.</u>	Day <u>3</u>	Years <u>50</u>	Months	—	Days
Sex <u>male</u>	Color or Race <u>Black</u>	Occupation		Birthplace <u>Georgia</u>		
Married, Single or Widowed	<u>married</u>					
Name of Wife or Husband						
Father's Name <u>Clements</u>				Father's Birthplace		
Mother's Maiden Name				Mother's Birthplace		
Name of person giving information				How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

aphoplexy

lost

How long

Immediate

lost

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

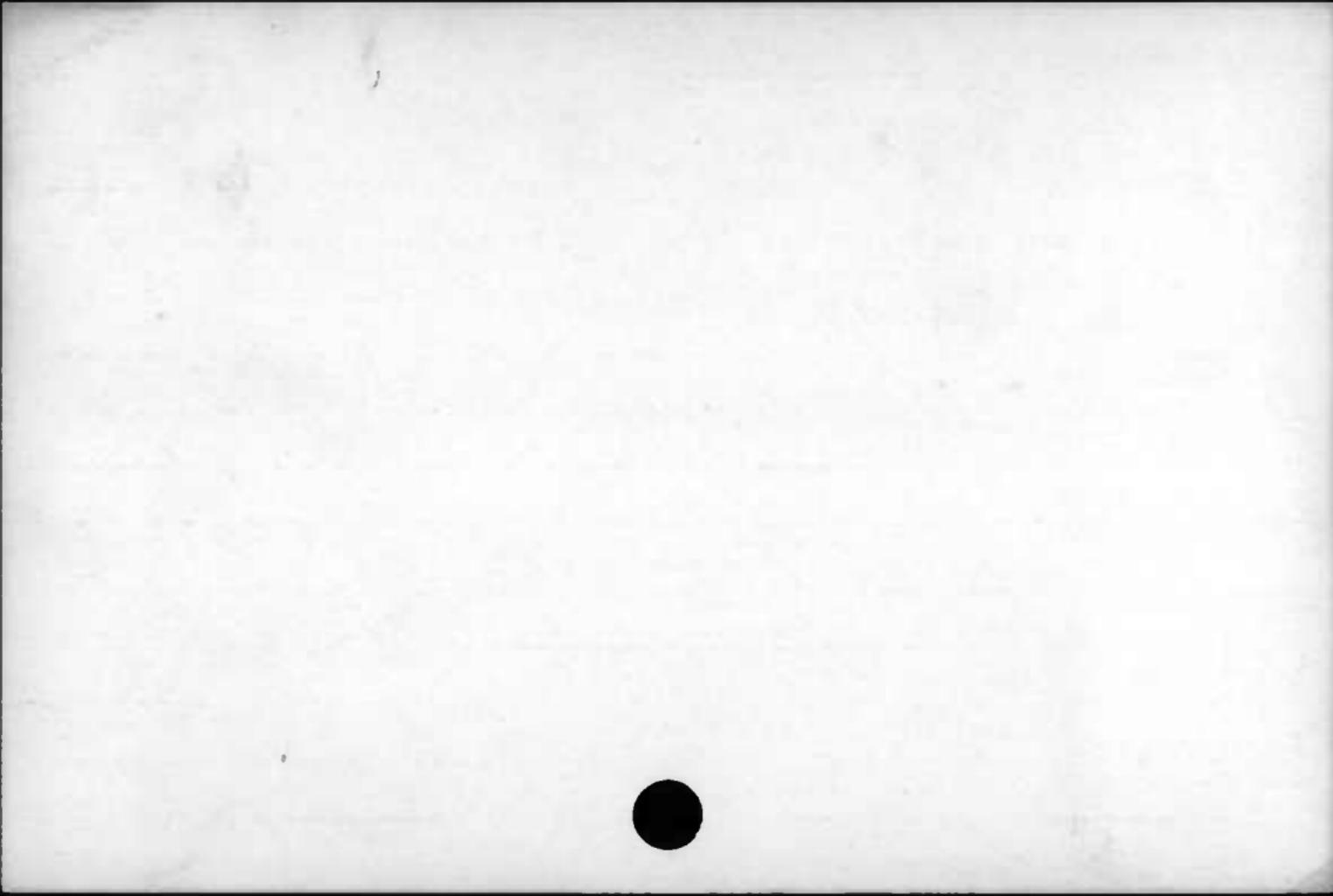
Signature of Physician

Address

Miss S Campbell

4319 F. St. S. W.

Accident or Suicide?



Name
in
Full

— *Bolbert*

CERTIFICATE OF DEATH

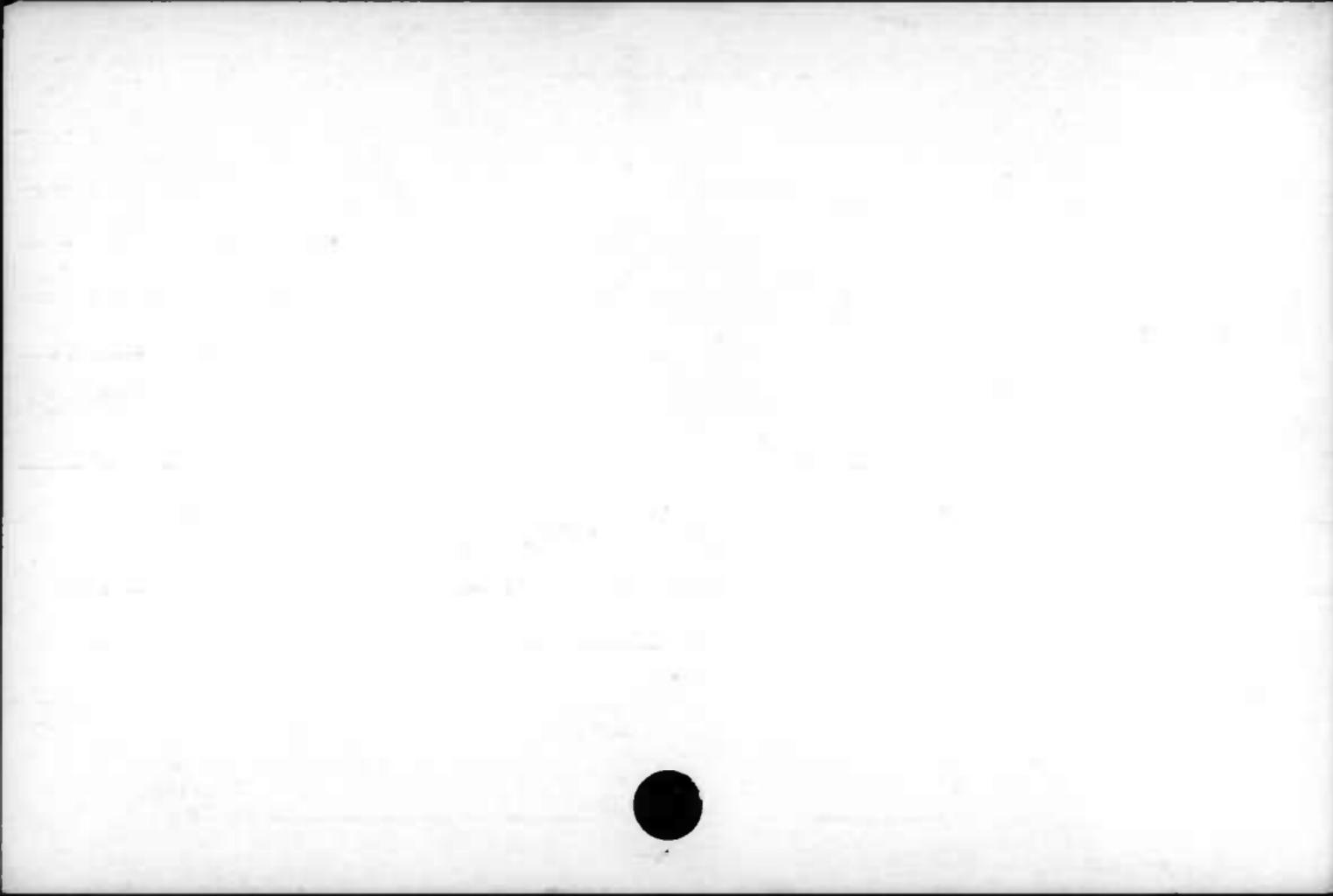
To BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Upper Marlboro</i>		Town	<i>P. G.</i>	County	MARYLAND	
Date of death 1903	Month 4	Day 26	Age —	Years	Months	Days 3
Sex <u>Female</u>	Color or Race	<i>Black</i>		Birth- place	<i>P. G. law</i>	
Married, Single or Widowed	Occupation					
Name of Wife or Husband						
Father's Name	<i>Joseph Bolbert</i>		Father's Birthplace	<i>P. G. law. Ind</i>		
Mother's Maiden Name	<i>Anna Belle Wilson</i>		Mother's Birthplace	<i>" " "</i>		
Name of person giving Information	<i>Joseph Bolbert</i>		How related to deceased	<i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Don't Know</i>	157	How long <i>Don't</i>
Immediate " "		How long <i>since born</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	<i>Joseph Bolbert, Father</i>
<i>Yes</i>	Address	<i>Upper Marlboro</i>
Accident or Suicide?		<i>Maryland</i>



Name
in
Full

Hester Coleman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Mitchellville</u>		County <u>Prince George</u>		MARYLAND		
Date of death <u>1903</u>	Month <u>April</u>	Day <u>4</u>	Age <u>38</u>	Years	Months	Days
Sex <u>Female</u>	Color or Race <u>Colored</u>	Occupation <u>Housewife</u>		Birth-place <u>Maryland</u>		
Married, Single or Widowed <u>Married</u>						
Name of Wife or Husband <u>James Coleman</u>						
Father's Name <u>Thomas Shepherd</u>					Father's Birthplace <u>Maryland</u>	
Mother's Maiden Name <u>Louisa Sims</u>					Mother's Birthplace	<u>"</u>
Name of person giving information <u>James Coleman</u>					How related to deceased	<u>Husband</u>

CAUSES OF DEATH

Primary <u>Congestion of the lungs</u>	How long <u>One hour</u>
Immediate <u>Asphyxia</u>	How long <u>Immediate</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>A. R. Walker M.D.</u>
	Address <u>Mitchellville, Md.</u>
Accident or Suicide? <input checked="" type="checkbox"/>	

PHYSICIAN
OR CORONER



Name
in
Full

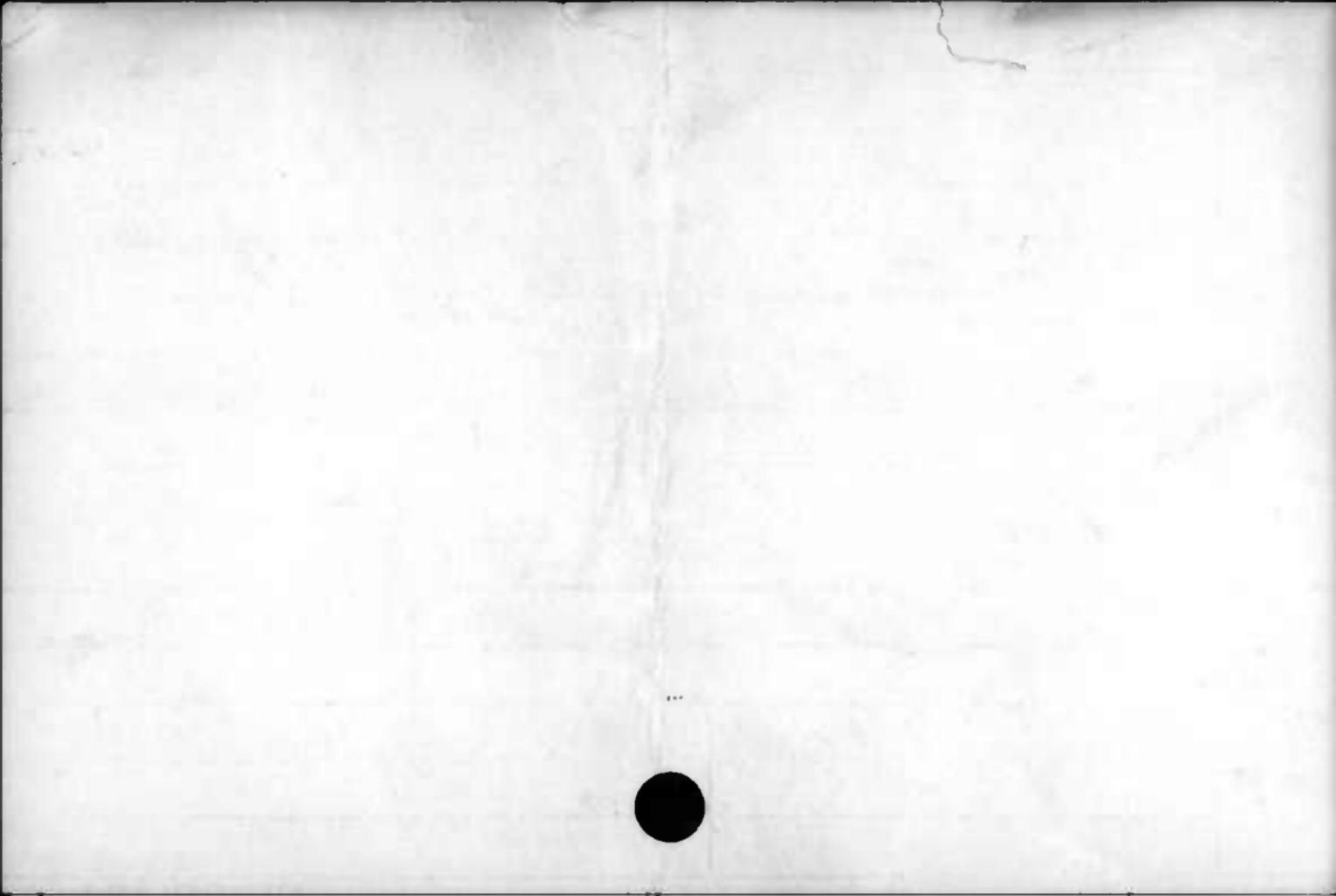
TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

<i>Sadie</i> <i>Frank</i> Conway					CERTIFICATE OF DEATH		
Died at		Town	County		MARYLAND		
Date of death	1903	Month Apr.	Day 16	Age 1	Years	Months	Days
Sex	Female	Color or Race	white		Birth-place	Md	
Married, Single or Widowed			Occupation				
Name of Wife or Husband							
Father's Name	Frank Conway				Father's Birthplace	Md.	
Mother's Maiden Name	Nellie Thomas				Mother's Birthplace	Md.	
Name of person giving Information	John W. Somers				How related to deceased	not at all	

CAUSES OF DEATH

Primary	<i>Tuberculosis</i>		How long	<i>since birth</i>
Immediate	<i>Ackenia</i>		How long	<i>" "</i>
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	<i>W.F. Taylor</i>	
		Address	<i>Lanier Md</i>	
Accident or Suicide?				



Lucia Hudson Cooper

Town
Laurel

County
D. C.

MARYLAND

Died at

Date 19

03

Month
Apr.

Day
20

Y. M. D.
24.9.15

Native of

U.S.

Occupation

W

Male

Female

Married

Single

Widow

Widower

Divorced

Number of children living

5

Husband of

Wife
Edwin Cooper

Father's
Name

John Hudson

Mother's

Maiden Name

Lezlie Hudson

Cause of

Primary

Pulmonary Tuberculosis

How long sick

4 Mo

Death

Immediate

Accident, Suicide, Homicide

Reported by

J. A. Smith

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name
in
Full

Edward Comer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Prince	County	Maryland	
Date of death 1903	Month April	6th	Years 62	Months 4	Days
Sex Male	Color or Race White	Birth-place Fairlight, Sussex, England			
Married, Single or Widowed	Occupation Merchant				
Name of Wife or Husband	Elizabeth T. Comer				
Father's Name	John Comer				
Mother's Maiden Name	Mary Baker				
Name of person giving information	Wm. B. Ferre				

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Cancer of Throat

How long

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of
Physician

Address

G. Richardson

Accident or Suicide?

Philadelphia

Mary Virginia Day

Died at Bladensburg Town Prince George County
 Date 19 03 Month April Day 16 Y. 32 M. ~ D. ~ Native of va.
 Male White Married Widow Occupation Housewife
 Female Colored Single Widower Number of children living 2

Husband of Otto Day
 Wife Henry Payne
 Father's Name Colombia Dowden
 Cause of Death Primary Chilhisis Pulmonalis How long sick One year
 Death Immediate Maiden Name Colombia Dowden Accident, Suicide, Homicide
 Reported by C. Richardson M.D.

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

MARYLAND

Rydoville M.D. X



Infant, unmarried

Died at			Town	County	Occupation		
1903			Cedawille	Prince George	MARYLAND		
Date 189	Month	Day	Y. M. D.	Native of			
	April	28	3	Md			
Male	Wife	Age	Married	Widow	Divorced		
Female	Colored		Single	Widower	Number of children living		
Husband of							
Wife							
Father's Name	John Dent		15	Mother's Name	Louise Flye		
Cause of Death	Primary	cold - Sicken from brest, and fretfull		How long sick	3 days		
	Immediate						Accident, Suicide, Homicide
Reported by	John Dent		Undeclared				
Address	Cedawille				any land.		
Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.							
LIBRARY BUREAU, 68968							



Name
in
Full

Harriet Diggs

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	Or Gov Co			MARYLAND	
Died at	Month	Day	Years	Months	Days
Died at	Month	Day	Years	Months	Days
Date of death 190	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Married, Single or Widowed	Occupation				
Name of Wife or Husband					
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving Information	How related to deceased				

Northkeys

June 12 3

Female Ethiopian

Single

Frank Dent

Emma Diggs

Harriet Diggs

Aunt

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Severe burns 167 How long

Immediate How long

Are the name, age, sex, color, date and place correctly given above?

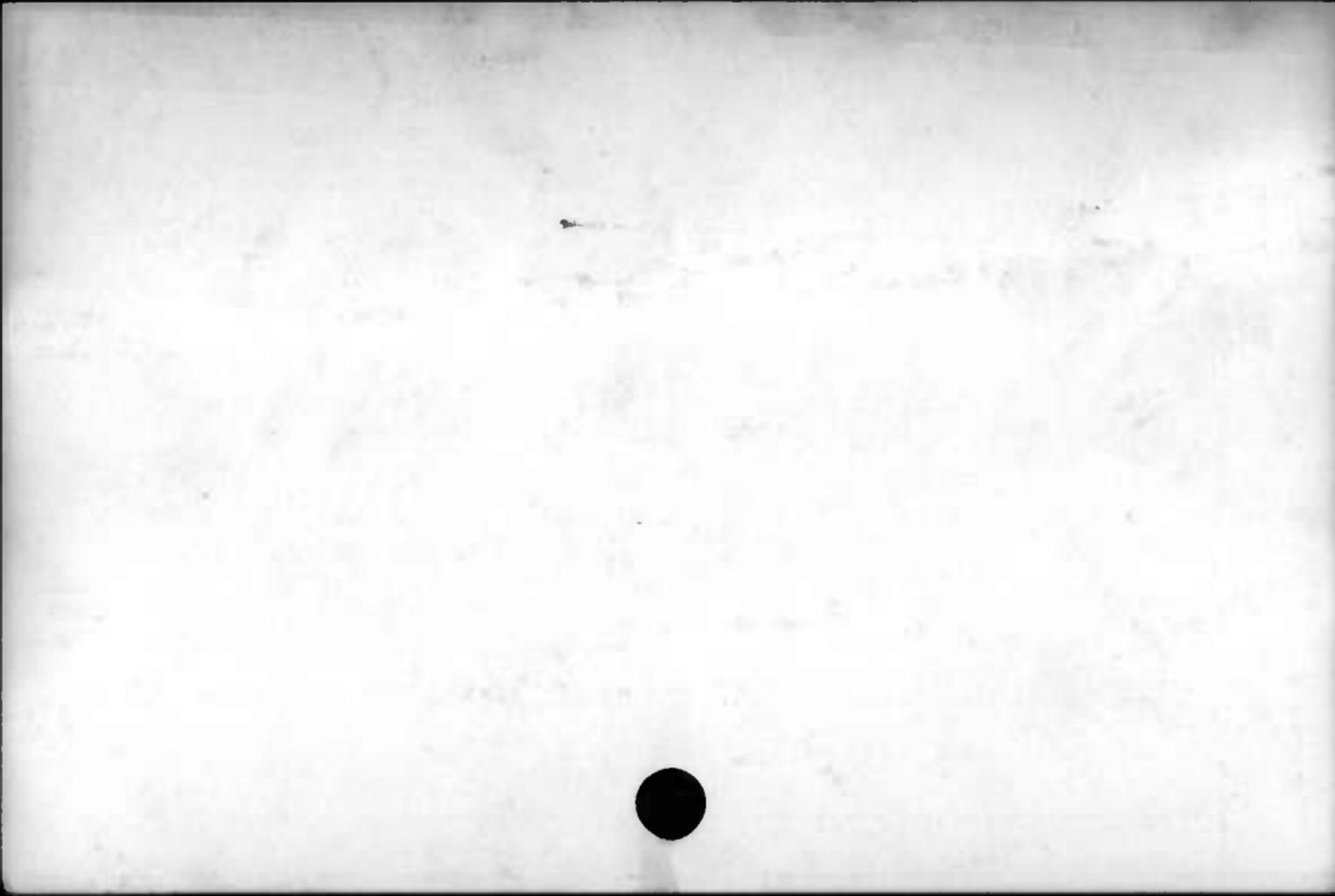
Yes Signature of Physician

Address

W. Gibbons
Crossover and

Accident or Suicide?

Accident



Name
in
Full

Phillip Diggs

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at	Halls		County	Prince George		
Date of death 1903	Month Apr 10	Day 10	Years	Age 70 (?)	Months	Days
Sex Male	Color or Race Black		Birth-place	Halls		
Married, Single or Widowed	Occupation		Farm-hand			
Name of Wife or Husband	Henrietta Diggs					
Father's Name	Unknown		Father's Birthplace	Halls		
Mother's Maiden Name	Unknown		Mother's Birthplace	"		
Name of person giving information	Alexander Diggs		How related to deceased	Son		

CAUSES OF DEATH

Primary	Bright's Disease	120	How long	Several years
Immediate	Failure Right Heart		How long	few hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

MacLean. Leaword

- Yes

Address

Halls,

Prince Geo. Co., Md. X

Accident or Suicide?



Name
in
Full

Still Born

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County	MARYLAND		
Died at	Collington		Prince George			
Date of death 1903	Month	Day	Years	Months	Days	
Apr	29					
Sex	Female	Color or Race	Colored	Birth-place	Collington Md	
Married, Single or Widowed			Occupation			
Name of Wife or Husband						
Father's Name	Charles Oliver			Father's Birthplace	Maryland	
Mother's Maiden Name	Ida Brewer			Mother's Birthplace	..	
Name of person giving information				How related to deceased		

CAUSES OF DEATH

Primary

Still Born

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

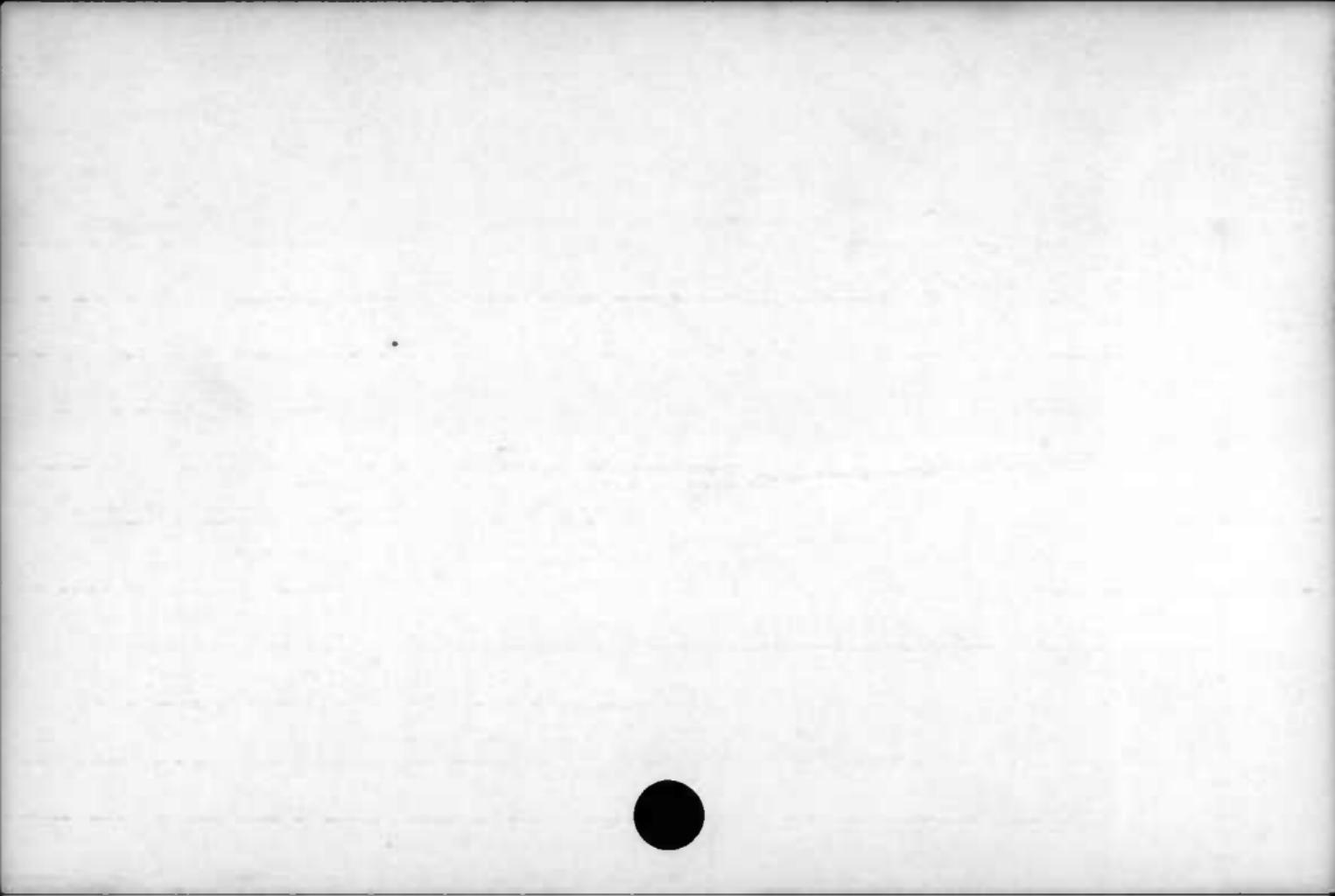
Signature of Physician

A.R. Walker M.D.
Mitchellville, Md.

Address

Accident or Suicide?

PHYSICIAN
OR CORONER



William Fink

Town

Died at

1903

Month

Day

County

Y

M.

D.

Native of

MARYLAND

Date 1903

April 15

Age

Married

Widow

Divorced

Occupation

Male

White

Single

Widower

Number of children living

Female

Caucasian

Husband

of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Mother's Name

How long sick

Accident, Suicide, Homicide

Primary

Immediate

O. F. Richardson

151

5



Name
in
Full

Still Born - - Nameless

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month 4	Day 27	Age	Years	Months
Sex Male	Color or Race Colored	Occupation	Birth-place	Days	
Married, Single or Widowed	—		Over Hill	—	
Name of Wife or Husband	—				
Father's Name	Lemuel Gant		Father's Birthplace	P. G. C. Md	
Mother's Maiden Name	Esyma Forrest		Mother's Birthplace	" " "	
Name of person giving information	Lemuel Gant		How related to deceased	Father	

CAUSES OF DEATH

Primary	Strangulation during delivery	How long
immediate	"	How long

Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Yes	Address
Accident or Suicide?	E. P. Simpson M.D. Rosecroft Md
Accident -	

PHYSICIAN
OR CORONER

Sarah Garrison

Town

Brentwood

County

Prince George

MARYLAND

Died at

Brentwood

Month

Day

Y.

M.

D.

Native of

Date 1903

April 19

Age 62

-

-

Va.

Occupation

None.

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Five

Husband of

Alexandria Garrison

Wife

Mother's

Father's

Maiden Name

Name

Don't know

Cause of

Primary

How long sick

Death

Immediate

Killed by Electric car

Accident, Suicide, Homicide

Reported by

Alexandria Sakers J.P.

Address

Hyattsville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Anita Gray

Town

Aquiares

County

Princetoroge

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Maryland

Occupation

none

Date 1903

April 30

Age

6 8

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

Samuel Gray 166 Mother's name matthe 7 lauders

Maiden Name

Cause of

Primary Blow on abdomen. Inflammation
and abscess of bowels.How long sick
2 months

Death

Immediate Peritonitis-herfation-Collapse

Accident, Suicide, Homicide

Reported by

Wm A. Marbury M.D.

Aquiares, Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Birdie Harris

Town

ardwick

County

Prince George's

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

03

apr

25

Age

64

Maryland

School

Male

W.H.

Married

Widow

D. of A.

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Moses Harris

Mother's

Maiden Name

Sarah Ann Clefett

Cause of

Primary

Typhoic fever

How long sick

59 days

Death

Immediate

Intestinal Hemorrhage

Accident, Suicide, Homicide

Reported by

O.L. Kelly

Hyattville

Prince George's Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Laura Harris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month 4	Day 9	Years 61	Months	Days
Sex Female	Color or Race	White	Birth- place	Penn.	
Married, Single or Widowed	Occupation	Married, housewife			
Name of Wife or Husband	Harris				
Father's Name					
Mother's Maiden Name					
Name of person giving Information	Jos. W. Scollieck				
CAUSES OF DEATH					
Primary	Laryngeal Tuberculosis				
Immediate	Exhaustion				
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		
Yes			Address		
26					
How long 6 yrs					
How long 4 weeks					
None					

PHYSICIAN
OR CORONER

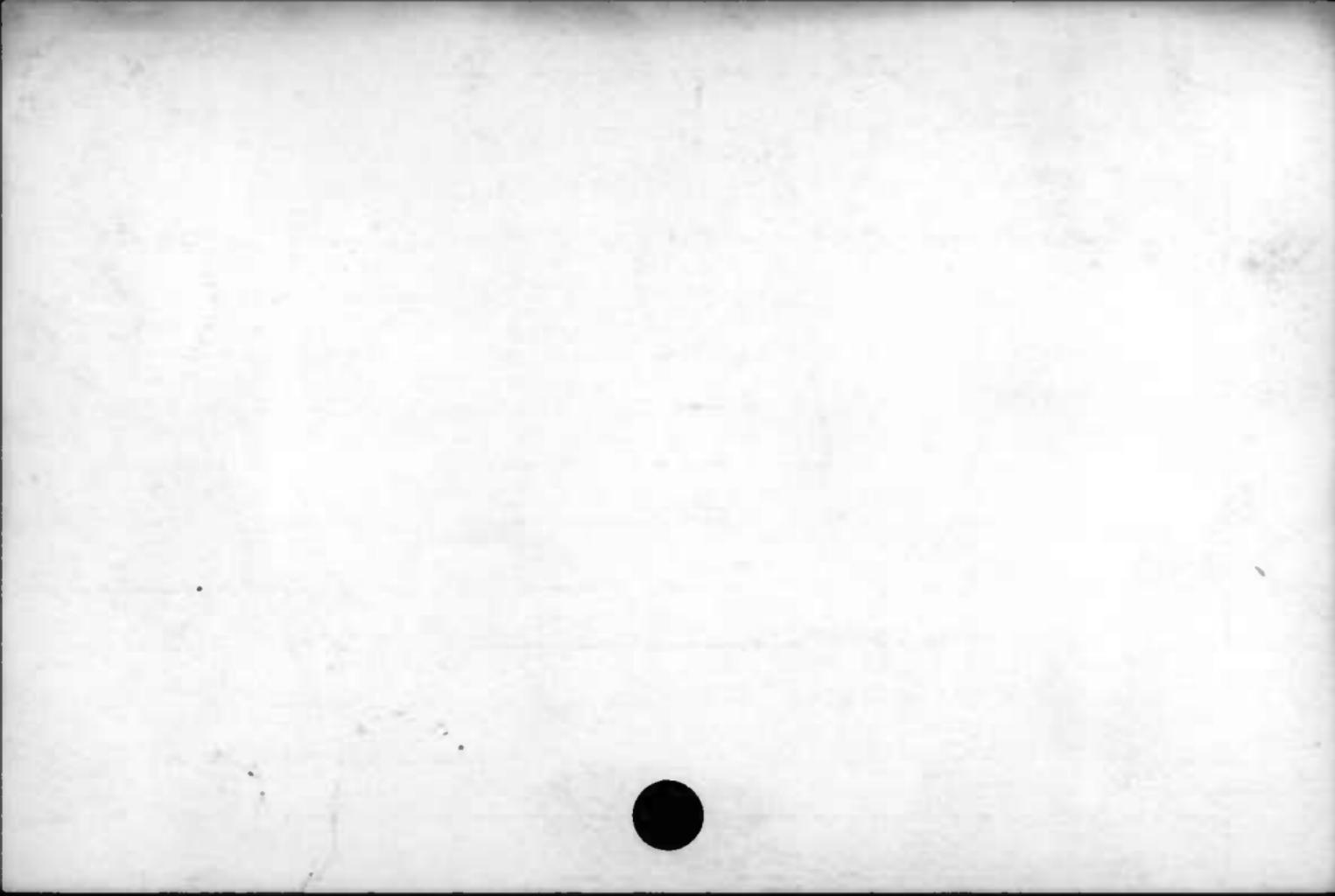
Immediate

Are the name, age, sex, color, date
and place correctly given above?

Accident or Suicide?

Signature of
Physician

S. P. Simpson
Rosedale, Md.



Name
in
Full

Charles Heaven

CERTIFICATE OF DEATH

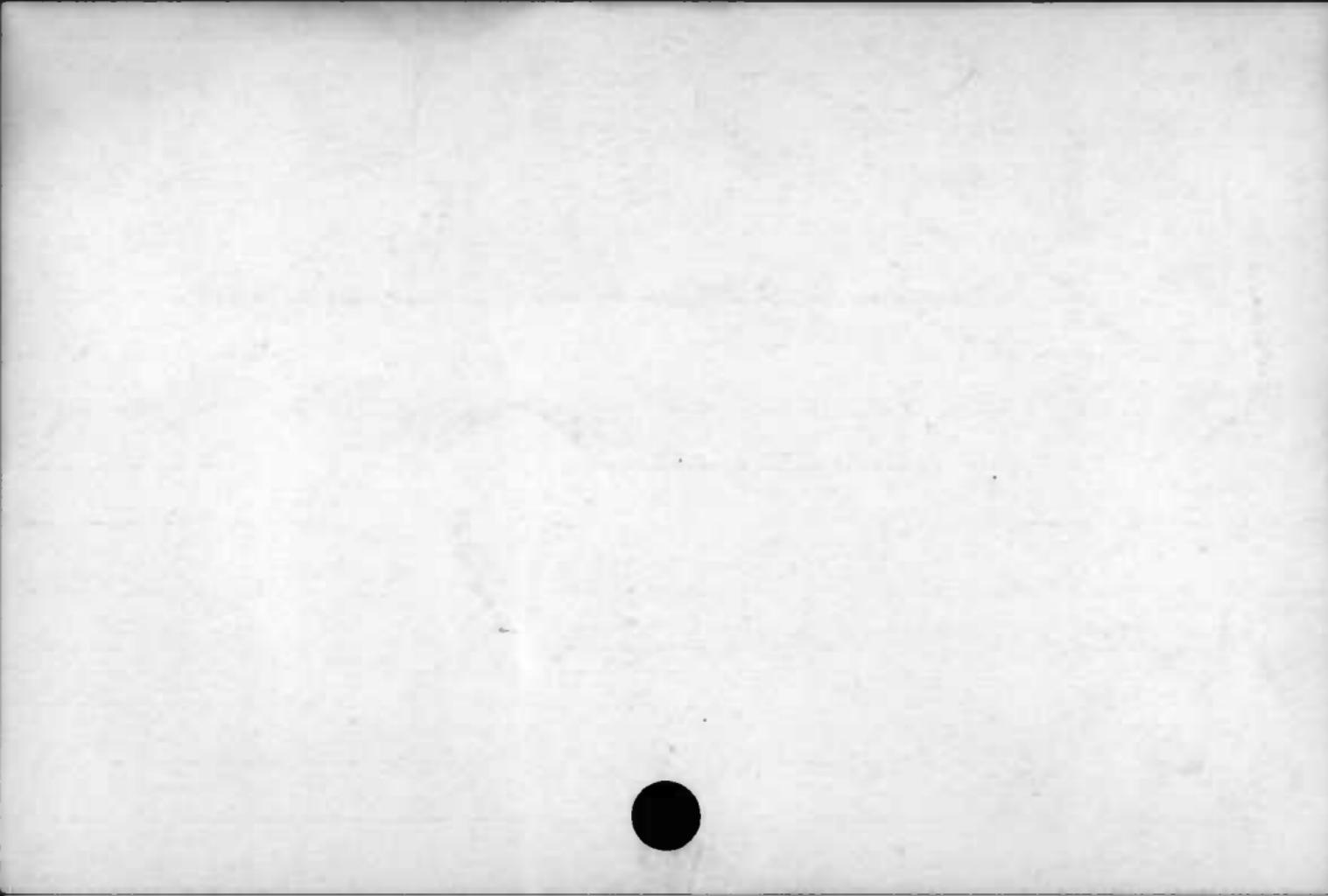
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Landover		Prince Geo.					
Date of death	1903	Month April	Day 7	Age 43	Years	Months	Days
Sex	Male	Color or Race	Colored		Birth-place	Maryland	
Married, Separated or Widowed	Married		Occupation		Farm-hand		
Name of Wife or Husband	Ella Heaven						
Father's Name	William Heaven				Father's Birthplace	Maryland	
Mother's Maiden Name	don't know				Mother's Birthplace	Maryland	
Name of person giving information	Daniel Spriggs				How related to deceased	Friend	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia	93	How long	4 days
Immediate	congestion of lungs		How long	36 hours.
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	L. S. Savage
			Address	Baltimore, Md.
Accident or Suicide? _____				



Name
in
Full

Margareth Harley Holtom

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town		County		MARYLAND		
Died at	Hyattsville						
Date of death 190	3	Month April	Day 9	Age	Years 68	Month one	Days 8
Sex	Female		Color or Race	White		Birth-place	Hyattsville
Married, Single or Widowed	Married		Occupation		House wife		
Name of Wife or Husband	Seth A Holtom						
Father's Name	William P Shedd		Father's Birthplace		Vermont		
Mother's Maiden Name	Catherine Mc Cune		Mother's Birthplace		Virginia		
Name of person giving Information	Seth A Holtom		How related to deceased		Husband		

CAUSES OF DEATH

Primary Chronic Gastritis Enteritis 106 How long Nine months
Immediate Starved How long 3 weeks

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician
Address

Accident or Suicide?

Chewawhels
Hyattsville X



Name
in
Full

Francis Jackson

CERTIFICATE OF DEATH

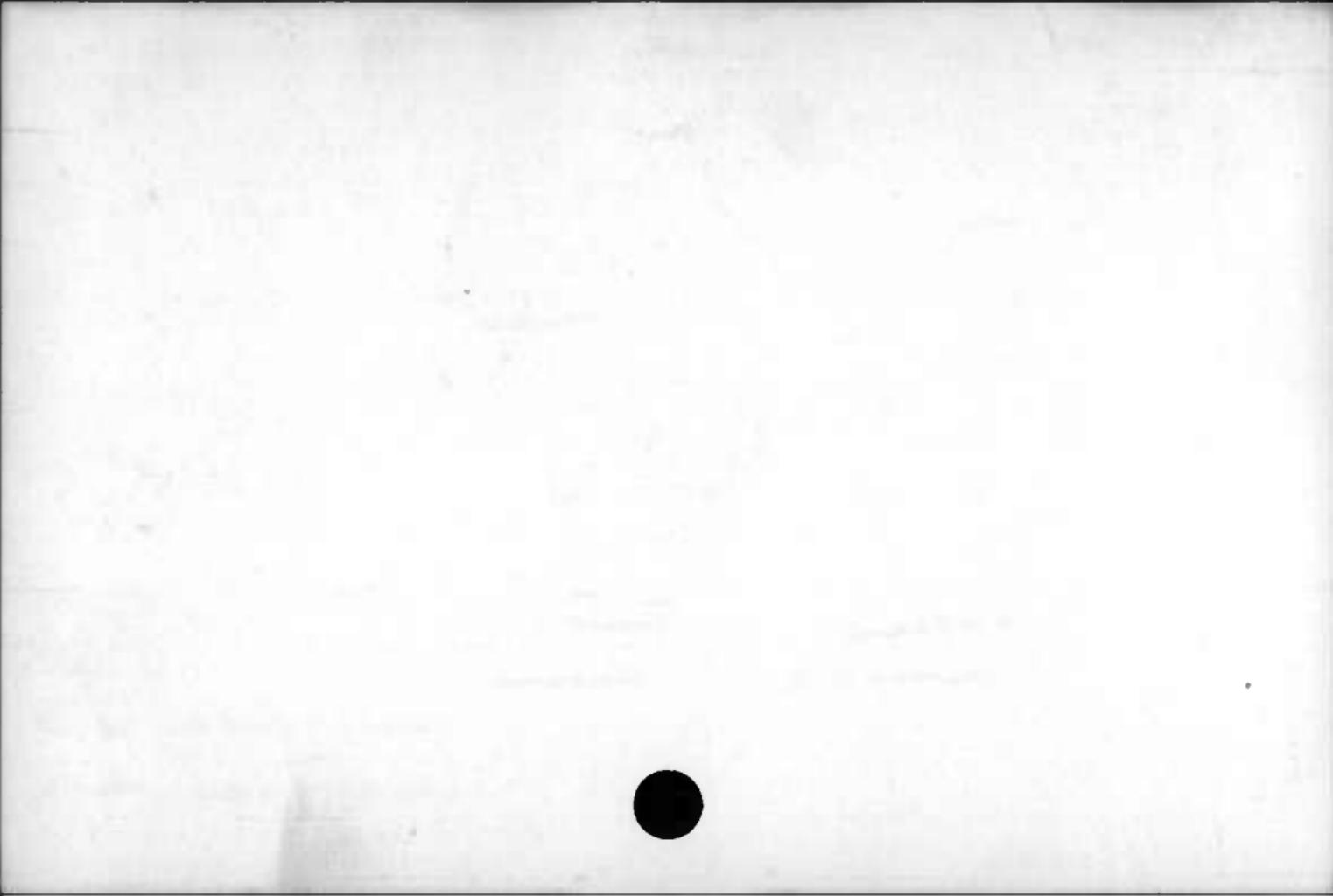
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death 1903	Month April	Day 7	Years 23	Months	Days	
Sex Male	Color or Race Poland	Birth-place Rosaryville Md				
Married, Single or Widowed Single	Occupation					
Name of Wife or Husband						
Father's Name John Jackson	Father's Birthplace P.G.C.					
Mother's Maiden Name Hennie Yord	Mother's Birthplace P.G.C.					
Name of person giving Information Joseph Robinson	How related to deceased Brother in Law					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Culmonary Phthisis	How long 3 years
Immediate Chonskin 27	How long short time
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician W.W. Gibbons
	Address Crown Md
Accident or Suicide?	



Name
in
Full

George William Jackson

CERTIFICATE OF DEATH

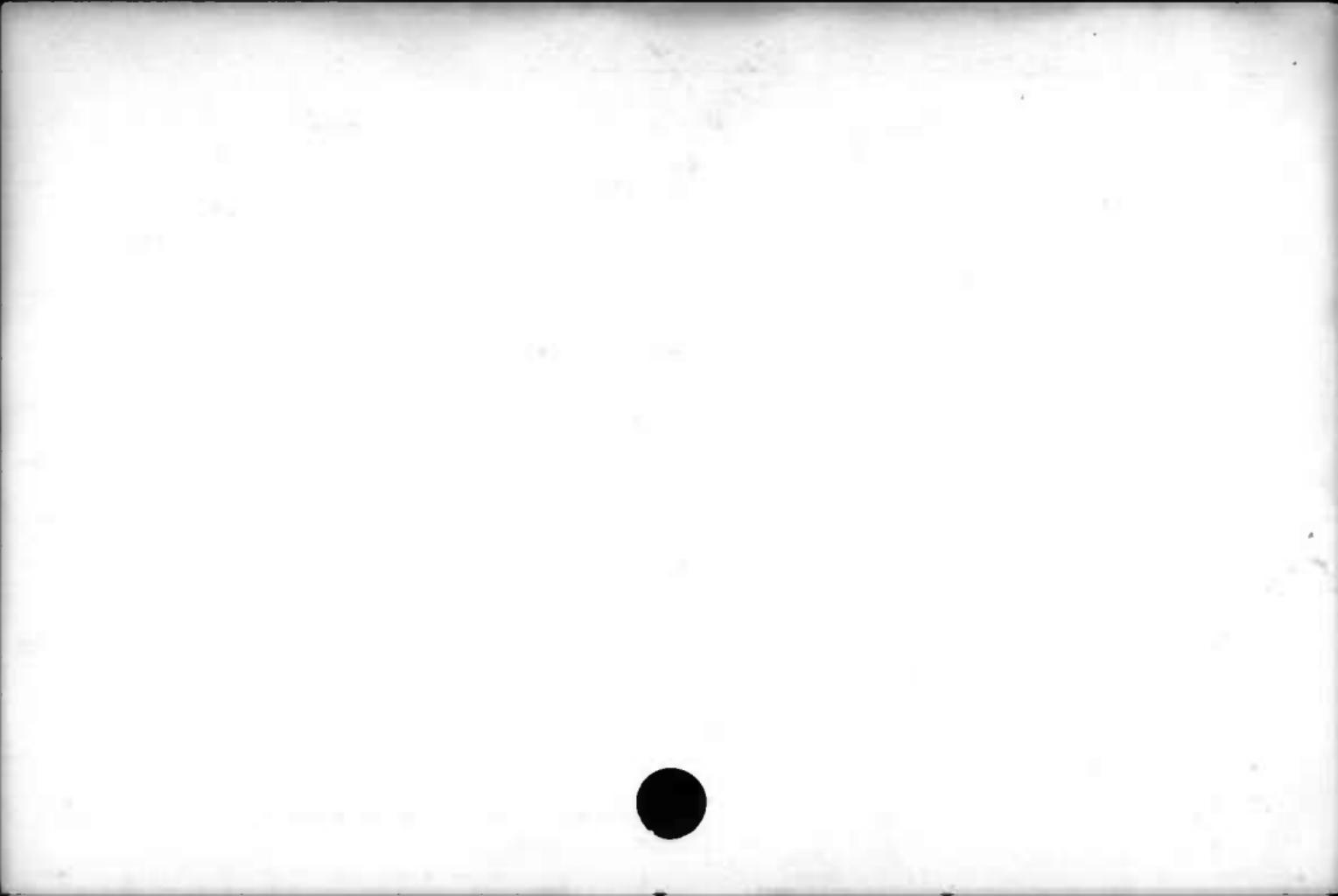
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Years	Months	Days
Sex	Color or Race	Occupation			
Married, Single or Widowed	Married	-			
Name of Wife or Husband	Mary Holmes	-			
Father's Name	-	-	Father's Birthplace		
Mother's Maiden Name	-	-	Mother's Birthplace		
Name of person giving information	Harry Jackson	-	How related to deceased	Wife	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic Gastritis	104	How long	3 yrs
Immediate	Cardiac Arrest	-	How long	-
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Harry Kelley M.D.
			Address	Princetonian Ind.
Accident or Suicide?				



Name
in
Full

Lewis Johnson

CERTIFICATE OF DEATH

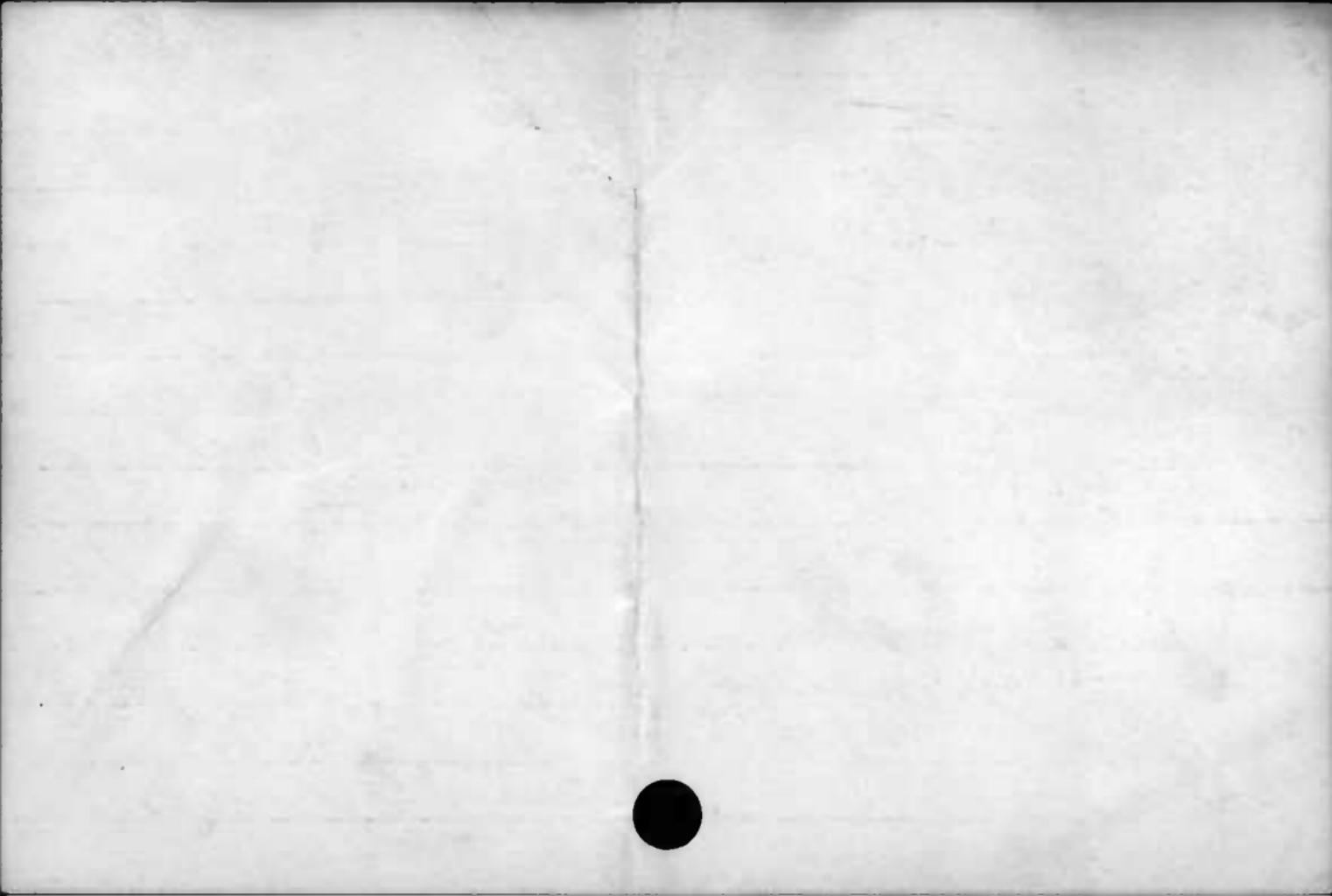
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month 4	Day 27	Age 57	Years	Months Days
Sex Female	Color or Race	Occupation	Birth- place Maryland		
Married, Single or Widowed	Married	House-wife			
Name of Wife or Husband	Lewis Johnson				
Father's Name	Weldon Selaney	Father's Birthplace	Chas.-Md.		
Mother's Maiden Name		Mother's Birthplace			
Name of person giving Information	Lewis Johnson	How related to deceased	Husband		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Apoplexy	How long	3 yrs.
Immediate	lax	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	E. J. Hart
		Address	Tiscalanay - Md.
Accident or Suicide?			



Name
in
Full

Dorothy Kaiser

CERTIFICATE OF DEATH

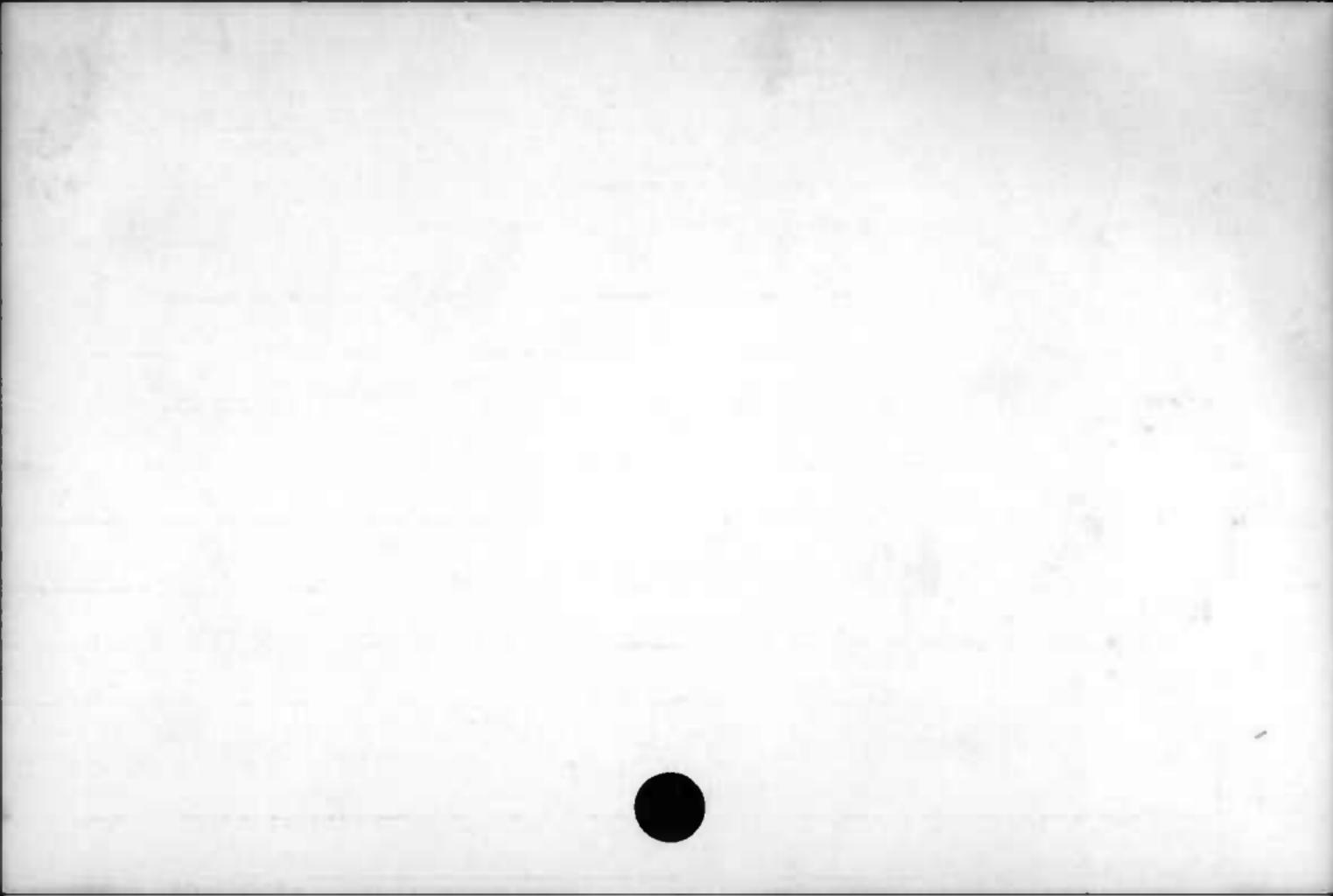
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Died at	Lanark	Puisc George				
Date of death	1903	Month Apr	Day 13	Age 3	Years	Months
Sex	Female	Color or Race	white	Occupation	Birth-place	Lanark
Married, Single or Widowed						
Name of Wife or Husband						
Father's Name	John Kaiser					Father's Birthplace
Mother's Maiden Name	Lydia Willey					Mother's Birthplace
Name of person giving information	John Kaiser					How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Measles	6	How long	the week
Immediate	Pneumonia		How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	W. Taylor	
		Address	Lanark Md	
Accident or Suicide?				



Adolph Kennell

TOWN

Princeton

County

Died at

MARYLAND

Date 1903

Month 4. Day 3

Y

M.

D.

Native of
Md

Occupation

None

Male

W.

Married

W.

Divorced

F.

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

Mrs. Kennell

Mother's Name

Maggie Kennell

Cause of

Primary

Bronchitis - pneumonia

How long sick

one month

Death

Immediate

Exhaustion

97

Accident, Suicide, Homicide

Reported by

J. Adolph Kennell

Mo

Address

Adelphi

X

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

William Wonton Lester

Died at	Town	County			
Branchville	Prince George	MARYLAND			
Date 1903	Month	Day	Y. M. D.	Native of	Occupation
June 10	Age	75.2		Miss	Lawyer

Male	White	Married	Widow	Divorced
Female	Colored	Single	Widower	Number of children living

Husband of	Elizabeth W Lester		
Wife			
Father's Name	William Lester	Mother's Maiden Name	Jane Washington

Cause of Death	Primary	Paralysis	How long sick	about 7 years
	Immediate	Paralysis		Accident, Suicide, Homicide

Reported by

L. A. Fox
Baltimore MD

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Virgie Mason

CERTIFICATE OF DEATH

Died at near Leland

Town

County

P. G. Co

MARYLAND

Date of death 1903	Month April	Day 9	Age —	Years —	Months —	Days 9
Sex Female	Color or Race	Black		Birth- place	P. G. Co	

Married, Single
or Widowed

Occupation

Name of Wife or
HusbandFather's
Name

John Mason

Father's
Birthplace

St. Marys Co

Mother's
Maiden Name

Rachel Brooks

Mother's
Birthplace

P. G. Co

Name of person giving
Information

John Mason

How related
to deceased

Father

CAUSES OF DEATH

Primary

Don't Know

How long

since Birth

Immediate

Don't Know

151

How long

..

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Yes

Address

John Mason Father
Upper Marlboro, Md.

Accident or Suicide?



Name
in
Full

John Francis Munson

CERTIFICATE OF DEATH

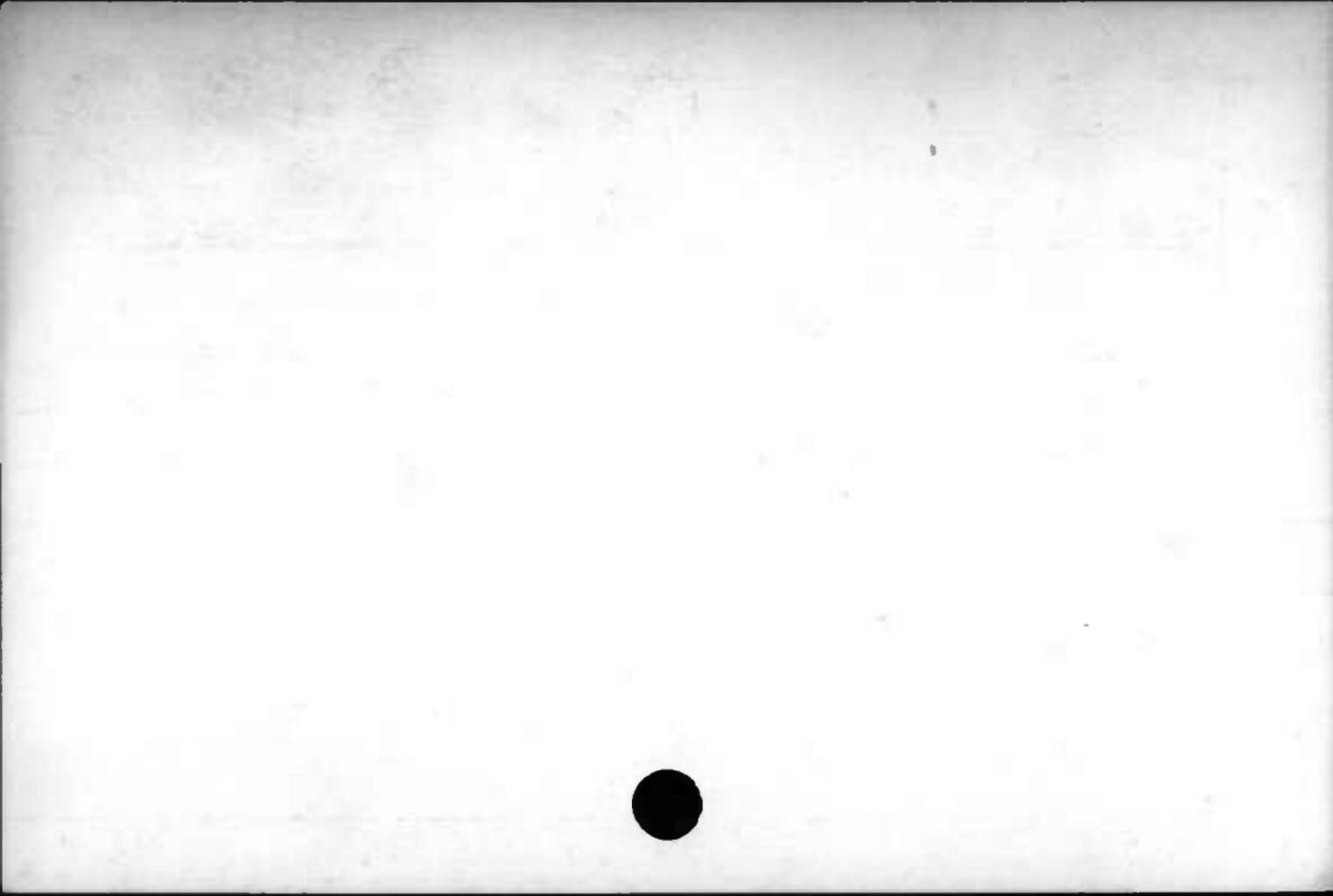
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death 1903	Month 4	Day 16	Age	Years —	Months 8	Days —
Sex Male	Color or Race		Colonial.	Birthplace Prince Georges		
Married, Single or Widowed			Occupation			
Name of Wife or Husband						
Father's Name	John Munson			Father's Birthplace	Prince George	
Mother's Maiden Name	Maggie Munson			Mother's Birthplace	C. S. Co.	
Name of person giving information	Maggie Munson			How related to deceased	Mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Congestion		How long
			3 days
Immediate	95		How long
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Henry Kelley
		Address	Private practice
Accident or Suicide?			



Name
in
Full

Mark D. Nell

CERTIFICATE OF DEATH

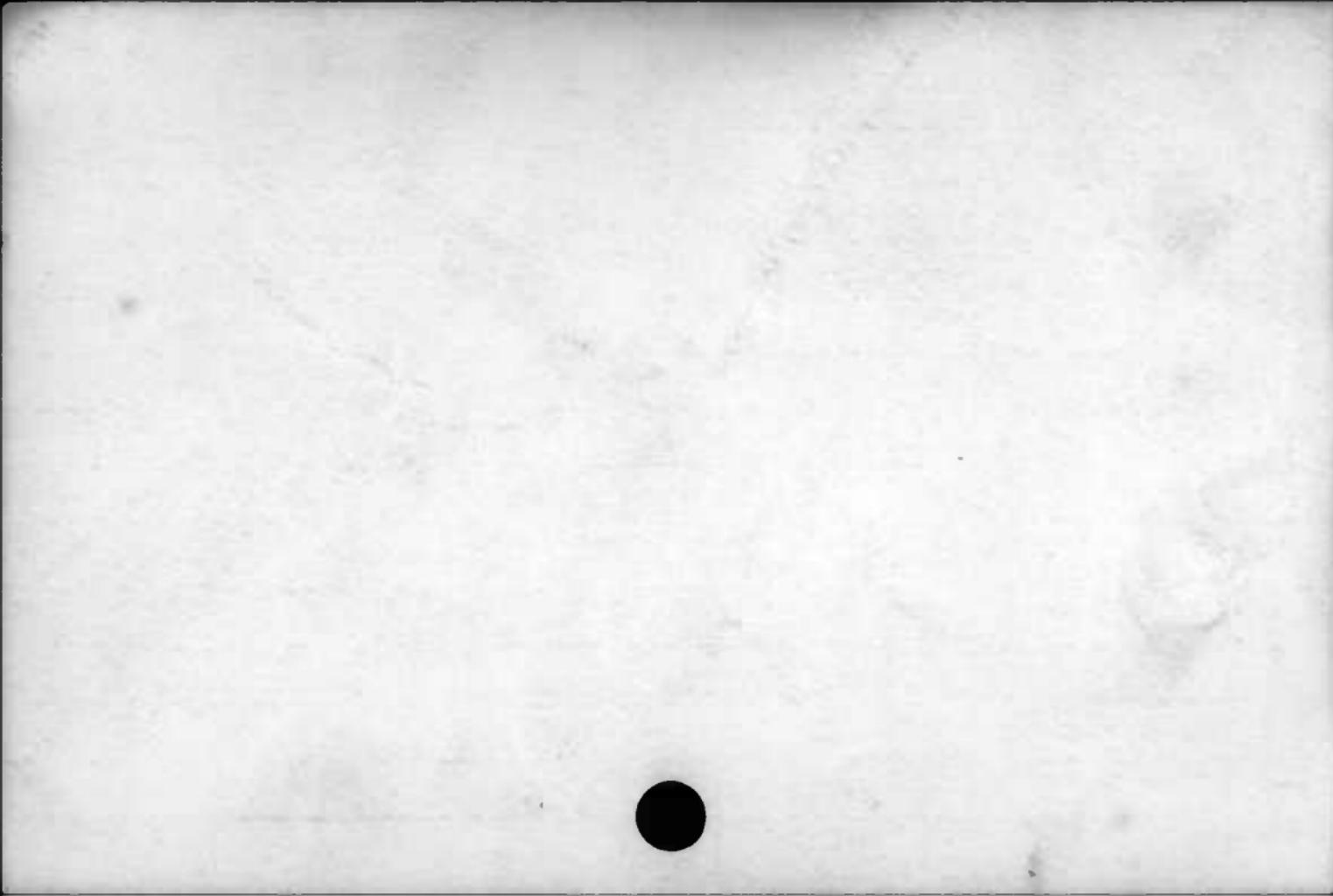
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month April	Day 8	Years 58	Months	Days
Sex Male	Color or Race Caucasian	Birth-place England			
Married, Single Widowed	Occupation Widower	Farm Hand			
Name of Wife or Husband					
Father's Name	Unknown		Father's Birthplace	Unknown	
Mother's Maiden Name	Unknown		Mother's Birthplace	Unknown	
Name of person giving Information	Greisbury, Sweeney		How related to deceased	none	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cerebral hemorrhage	
Immediate	64	How long 24 hours
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician Markus L. Woodward, M.D.	
yes	Address Halls, P.G. Co., Maryland	
Accident or Suicide?		



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

<i>Julia Nichols</i>						CERTIFICATE OF DEATH	
Died at <i>Goresville</i>		County <i>Prince George</i>		MARYLAND			
Date of death 1903	Month <i>Apr</i>	Day <i>15</i>	Years Age	—	Months <i>6</i>	Days —	
Sex <i>Female</i>	Color or Race <i>colored</i>			Birth- place <i>Md.</i>			
Married, Single or Widowed <i>Single</i>			Occupation —				
Name of Wife or Husband —							
Father's Name <i>Thomas Nichols</i>			Father's Birthplace <i>Md</i>				
Mother's Maiden Name <i>Rachel A Smith</i>			Mother's Birthplace <i>Md</i>				
Name of person giving Information <i>Thomas Nichols</i>			How related to deceased <i>Father</i>				

CAUSES OF DEATH

Primary

General Debility

How long

all its life

Immediate

Pulmonary Edema

How long

10 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

John E. Laubling
Goresville Md.

Accident or Suicide?



George Septimus Rely
Town Laurel County Queen Anne's MARYLAND

Died at

Date 19	Month	Day	Age	Y.	M.	D.	Native of	Occupation
03	Aug	17	—	—	—	—	—	—
Male	White	Married	—	Widow	Divorced	—	—	—
Female	Colored	Single	—	Widower	Number of children living	—	—	—

Husband of —
Wife —
Father's Name Henry Rely, Mother's Maiden Name Cecilia E. Bourne
Cause of Death Primary Disease How long sick
Death Immediate Accident, Suicide, Homicide

Reported by

C. A. Fox M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Carrie Elizabeth Shelton

Town

County

Died at

Lanham

Pr Geo

MARYLAND

Month Day

Y. M. D.

Native of

Date 1903 April 27

Age 2

Pr Geo Co

Occupation

Male

White

Widow

Female

Colored

Married

Widower

Divorced

Single

Number of children living

Husband of

Wife

Father's Name

Noble Shelton

Mother's Maiden Name

Jane Carroll

Cause of Death

Primary

How long sick

Immediate

Pneumonia q3

Mouth

Reported by

Rev A E Spielman

Accident, Suicide, Homicide

Address

Lanham



Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Aphalonia Skinner

Died	Town	Month	Day	County	MARYLAND	
near Agawam	Prince George				Native of	Occupation
Date 1903	April	17	Age 27	Maryland	None	
Male	White	Married	Widow	Divorced		
Female	Colored	Single	Widower	Number of children living		

Husband of

Wife

Father's Name

Daniel Skinner

Mother's Maiden Name

Louisa Butler

Cause of Death	Primary: Extensive burns Immediate: Convulsions	How long sick 22 days
		Accident, Suicide, Homicide

Reported by

Wm A. Marbury M.D.

Address

Agawam, Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Everett Sweeney

CERTIFICATE OF DEATH

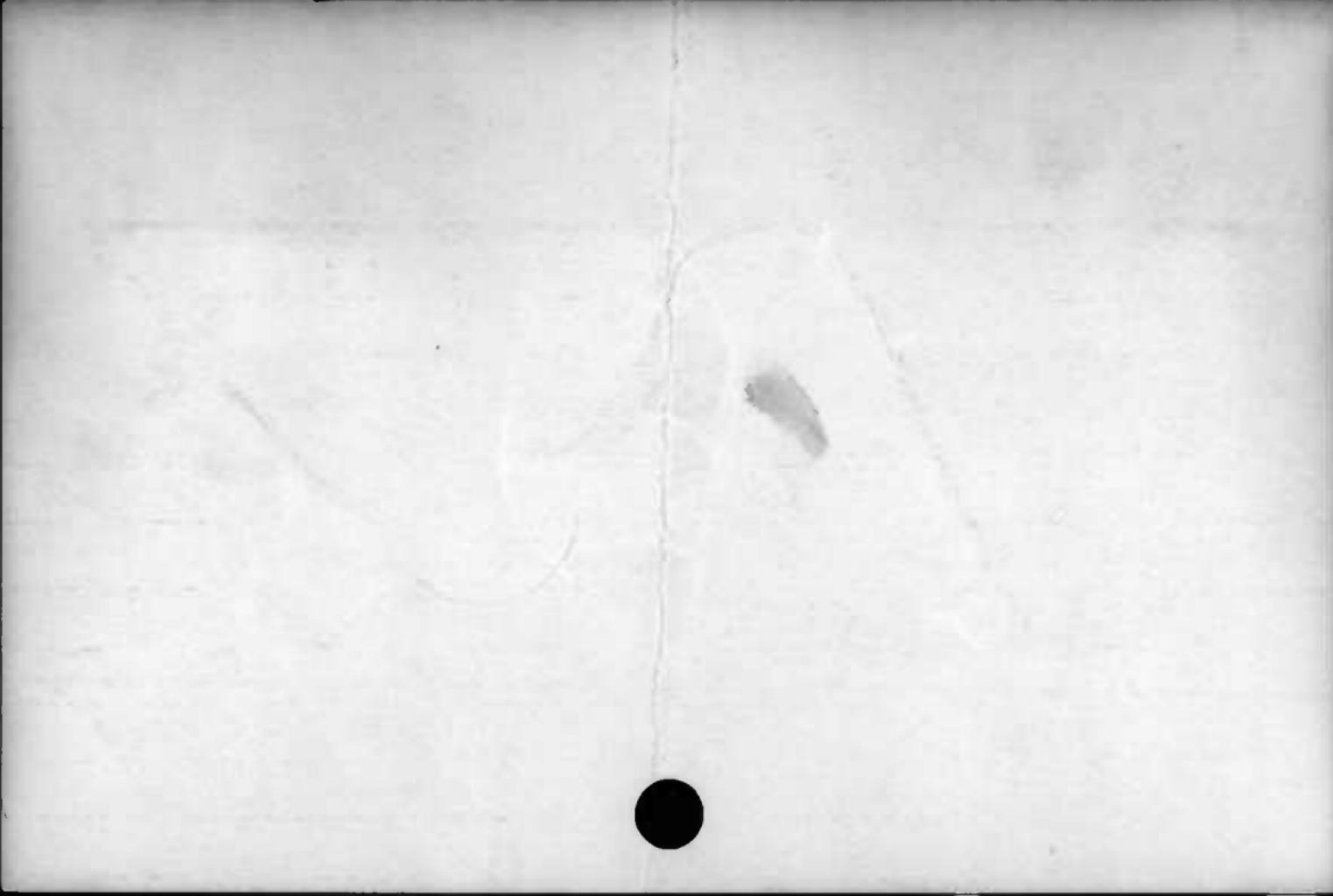
TO BE ANSWERED BY
NEAREST FRIEND

Town Died at Sealand	County Prince George	MARYLAND		
Date of death 1903	Month Apr	Day 25	Years Age	Months 9
Sex Male	Color or Race Caucasian	Birth- place Sealand		
Married, Single or Widowed	Occupation			
Name of Wife or Husband				
Father's Name Geo. W. Sweeney			Father's Birthplace Prince Geo Co	
Mother's Maiden Name Martha E. Cook			Mother's Birthplace	" .. "
Name of person giving Information Geo. W. Sweeney			How related to deceased brother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Measles	How long 6	9 days
Immediate Pneumonia	How long	few hours
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Madeline Crawford, MD	
	Address Halls	
Accident or Suicide? No	Prince George Co, Md	



Wm. G. Turner

Died at Landover Town Prince George County County MARYLAND

Date <u>1903</u>	Month <u>Apr</u>	Day <u>22</u>	Y. <u>1-1</u>	M. <u></u>	D. <u></u>	Native of <u>Md</u>	Occupation <u></u>
Male	White		Age <u>1-1</u>	Married	Widow	Divorced	
Female	Colored			Single	Widower	Number of children living	

Husband of

Wife

Father's Name Chas. Bowser Mother's Maiden Name Lizza Turner

Cause of Death	Primary <u>whooping. Cough.</u>	How long sick <u>one month</u>
	Immediate	Accident, Suicide, Homicide

Reported by Augustus G. Dahler Jr. S.Address Bladensburg, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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٩٥

٥٥٥٥٥٥٥٥

Potter Greer

Died at	Town	County		
Baltimore	Baltimore	Opene Garg	MARYLAND	
Date 1903	Month	Day	Y.	M.
April	Apr	8	9	~
Male	White	Age	Native of	
Female	Colored	Married	mea	Occupation
		Single	Widow	chased
			Widower	Divorced
			Number of children living	

Husband of

Wife

Father's Name

Joshua Greer

Mother's
Maiden Name

Rachael Wheeler

Cause of

Primary

Wound

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

C. A. Fox

172

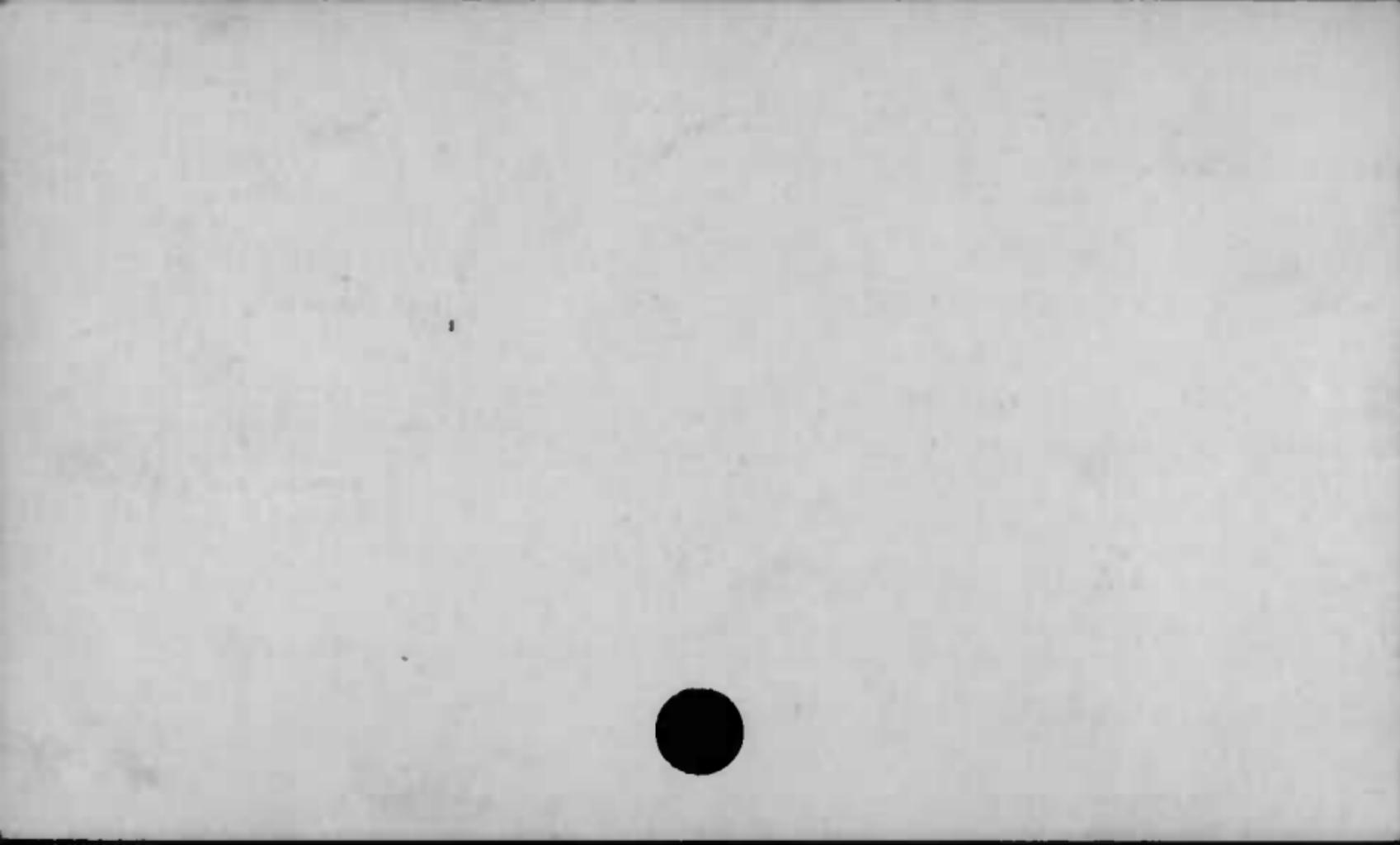
Address

Baltimore

mea

X

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Frances R. Vangender

Town

Riverdale

County

Prince George

MARYLAND

Died at

Date 1903

Month April

Day 23

Y. 40

M. -

D. -

Native of

Maryland

Occupation

Housewife

Female

White

Age 40
Married

Widower

Divorced

Number of children living

6

Husband of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Frank Vangender

Benj Jr Pyles

Mother's Name

Lena Pyles

Primary

Immediate

Pneumonia

How long sick
six days

93

Accident, Suicide, Homicide

Chesapeake

Hyattsville Md

X



Name
in
Full

Nelson, Vermillion

CERTIFICATE OF DEATH

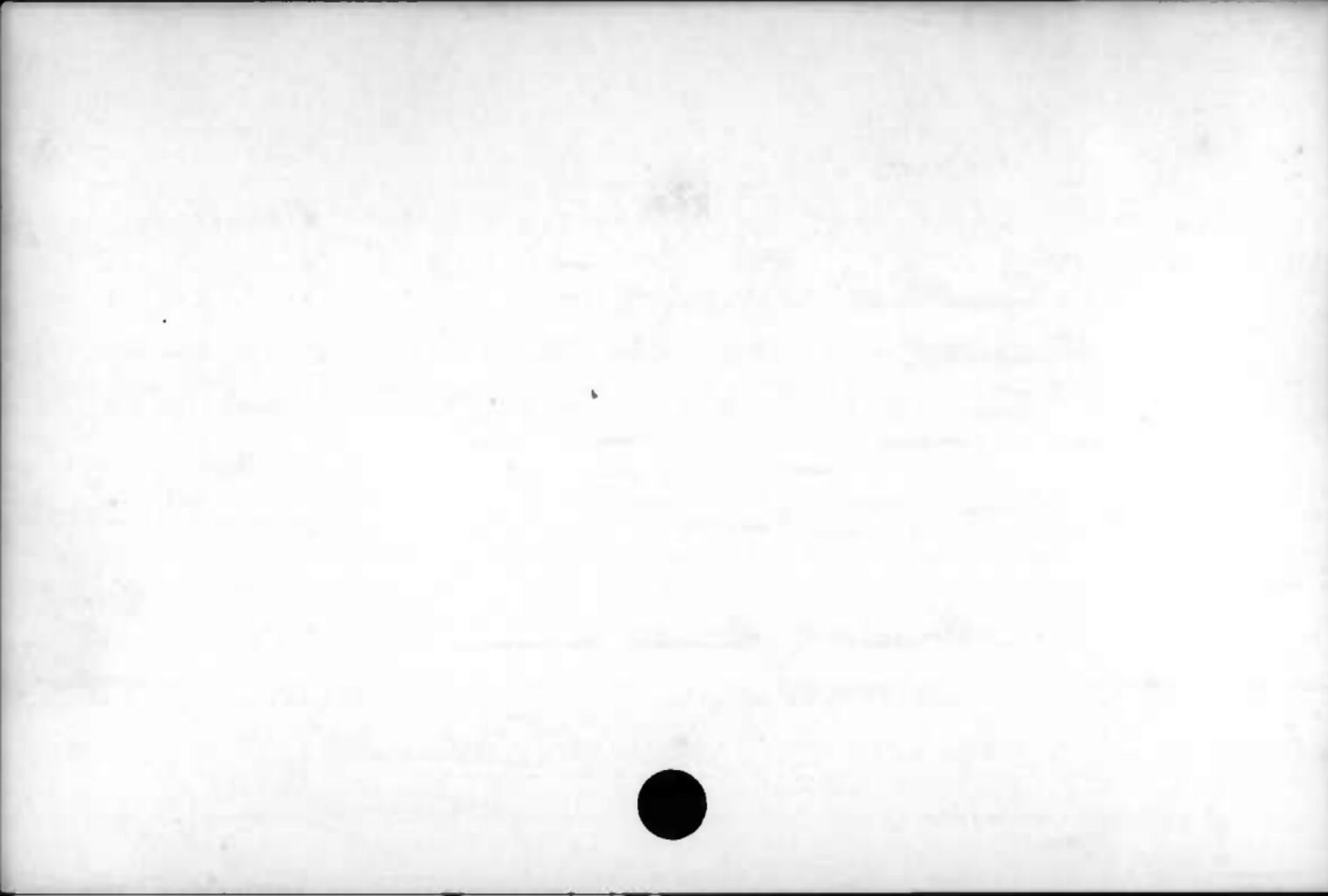
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month April	Day 6	Years 60	Months	Days
Sex male	Color or Race white	Birth-place	Prince George's		
Married, Single or Widowed	Single	Occupation	Carpenter		
Name of Wife or Husband	John Vermillion				
Father's Name	Maryland				
Mother's Maiden Name	Dont know				
Name of person giving information	Thomas Beale				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	one year
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Nelson A. Lyon M.D.	
	Address	Bowie Md	
Accident or Suicide?			



Muriel Walters
Town Laurel County Prince George

Died at

MARYLAND

Date 19

03 Month Apr. 27 Day

Y. 10

M. D.

Native of

as

Occupation

Cook

~~Female~~

Colored

Married

~~Widow~~

Divorced

Single

Widower

Number of children living

2

Husband of

Wife

Wm Walters.

Father's

Mother's

Name

Maiden Name

79

Cause of

Primary

Heart Disease

How long sick

3 mo -

Death

Immediate

Dropsy

Accident, Suicide, Homicide

Reported by

DR Hunt.

Address

Laurel X 210

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Isabella A Whitecoorh-
Laural

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month apr	Day 20	Age 91	Years	Months
Sex female	Color or Race	When -	Birth-place	Md.	
Married, Single or Widowed	Occupation	widowed			
Name of Wife or Husband	Richard Whitecoorh				
Father's Name	Charles E. Cillaughy				
Mother's Maiden Name	Ann Sappington				
Name of person giving Information	Mrs. Thos. N. Young				
CAUSES OF DEATH					
Primary	Senility -			How long	Several Years
Immediate	Undetermined			How long	

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Address
yes	W. T. Taylor	Laural Md.
Accident or Suicide?	X	

Funeral at home at 1³⁰ P.M. Monday
Leave on 1⁵⁷ train

Name
in
Full

Mary Ann Whitwoorh

CERTIFICATE OF DEATH

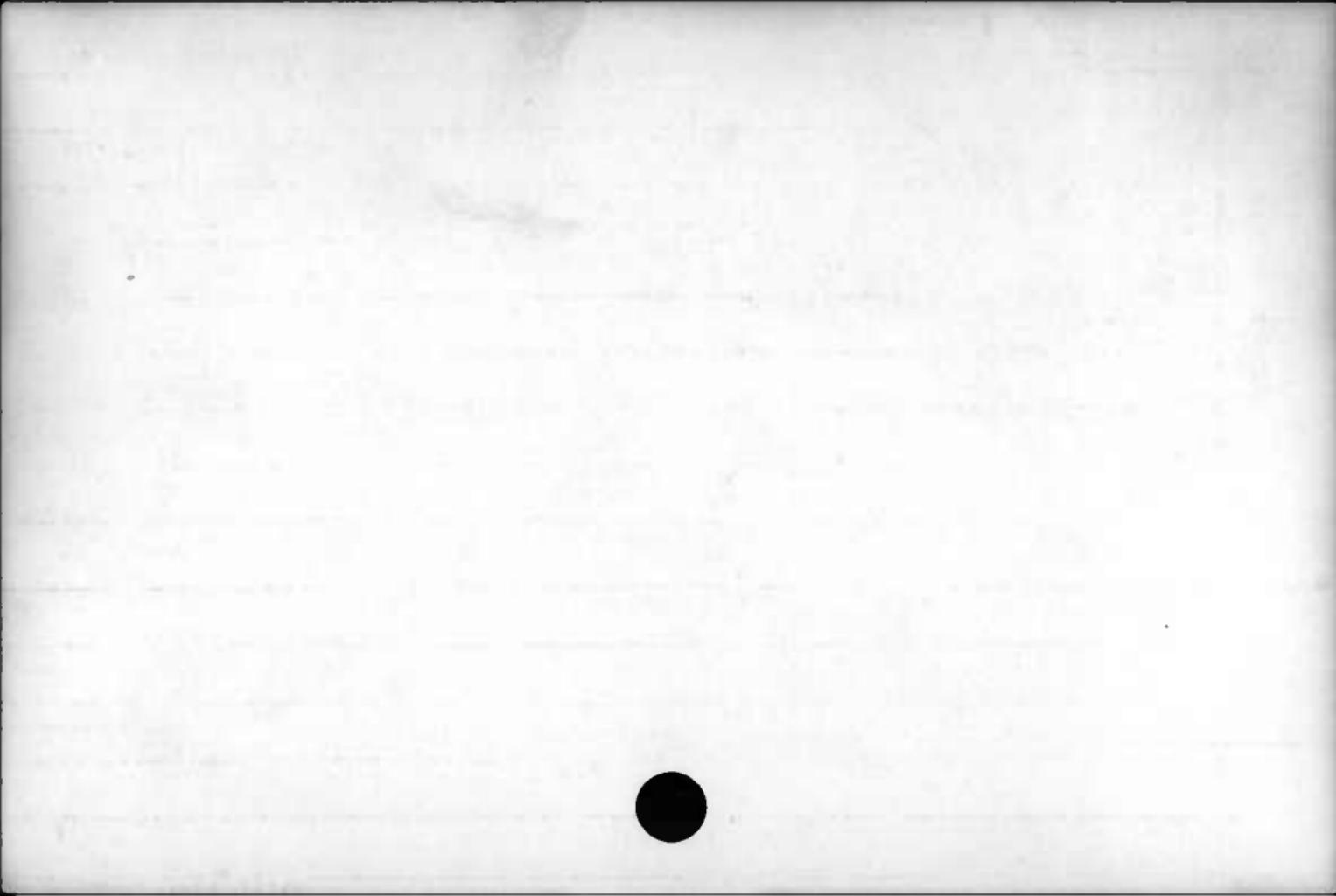
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month Apr	Day 24	Age 67	Years	Months — Days —
Sex female	Color or Race white	Birth-place Md			
Married, Single or Widowed	Occupation				
Name of Wife or Husband					
Father's Name	Richard Whitwoorh		Father's Birthplace	England	
Mother's Maiden Name	Isabella Willoughby		Mother's Birthplace	Balt.	
Name of person giving Information	Thos. Fanning		How related to deceased	Brother-in Law	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis of		How long	20 yrs.
Immediate	Acute Bronchitis		How long	a few days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	W. T. Taylor	
		Address	Laurel Md	
Accident or Suicide?				



<i>Amelia Gibson</i> Town <i>Bright Seat.</i> County <i>P. Boro.</i>					
Died at	Month	Day	Y.	M.	D.
<i>903.</i>	<i>Apr.</i>	<i>24</i>	<i>33</i>		
Date	Age	Married	Native of		
<i>Male</i>	<i>33</i>	<i>Married</i>	<i>Widow</i>	<i>Ind.</i>	Occupation
Female	Colored	<i>Single</i>	<i>Widower</i>	<i>Housewife</i>	
			Number of children living <i>5</i>		
Wife	<i>James Gibson</i>				
Father's Name	<i>Tobias Allen</i>				
Cause of Death	Primary	<i>Peritonitis</i>	Mother's Name	<i>Matilda Allen</i>	
Death	Immediate	<i>Chancery</i>	How long sick	<i>116 a week</i>	
Reported by	<i>L. J. Savage M.D.</i>				
Address	<i>Baltimore D.C. X</i>				

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



William H. Wilson				County P. O. Box 10000, B. M. 20702			
Died at Bright Seat		Month April Day 23		Age 72	Y. M. D.	Native of Maryland	Occupation Farmer
Date 1903	Male	White	Female	Married	Widow	Divorced	Number of children living 2
				Single	Widower		
Husband of	Widower		Mother's		Harms		
Wife	Joseph H. Wilson		Maiden Name		How long sick a few minutes		
Father's Name	Heart disease				Accident, Suicide, Homicide		
Cause of Death	Primary	Immediate	Paralytic of heart.	79			
Reported by	L. J. Bassel				Banning D. C.		
Address							

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Wmmy R Windsor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death 1903	Month	Day	Age	Years	Months	Days
Sex	Color or Race		Occupation		Birth- place	
Married, Single or Widowed	Black		None		Nottingham	
Name of Wife or Husband	Mrs Ida Windsor					
Father's Name	Elamce Windsor					
Mother's Maiden Name	Ida Windsor					
Name of person giving Information	Kina Harper					
Father's Birthplace						
Mother's Birthplace						
How related to deceased						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

How long

Spasms

71

2 days

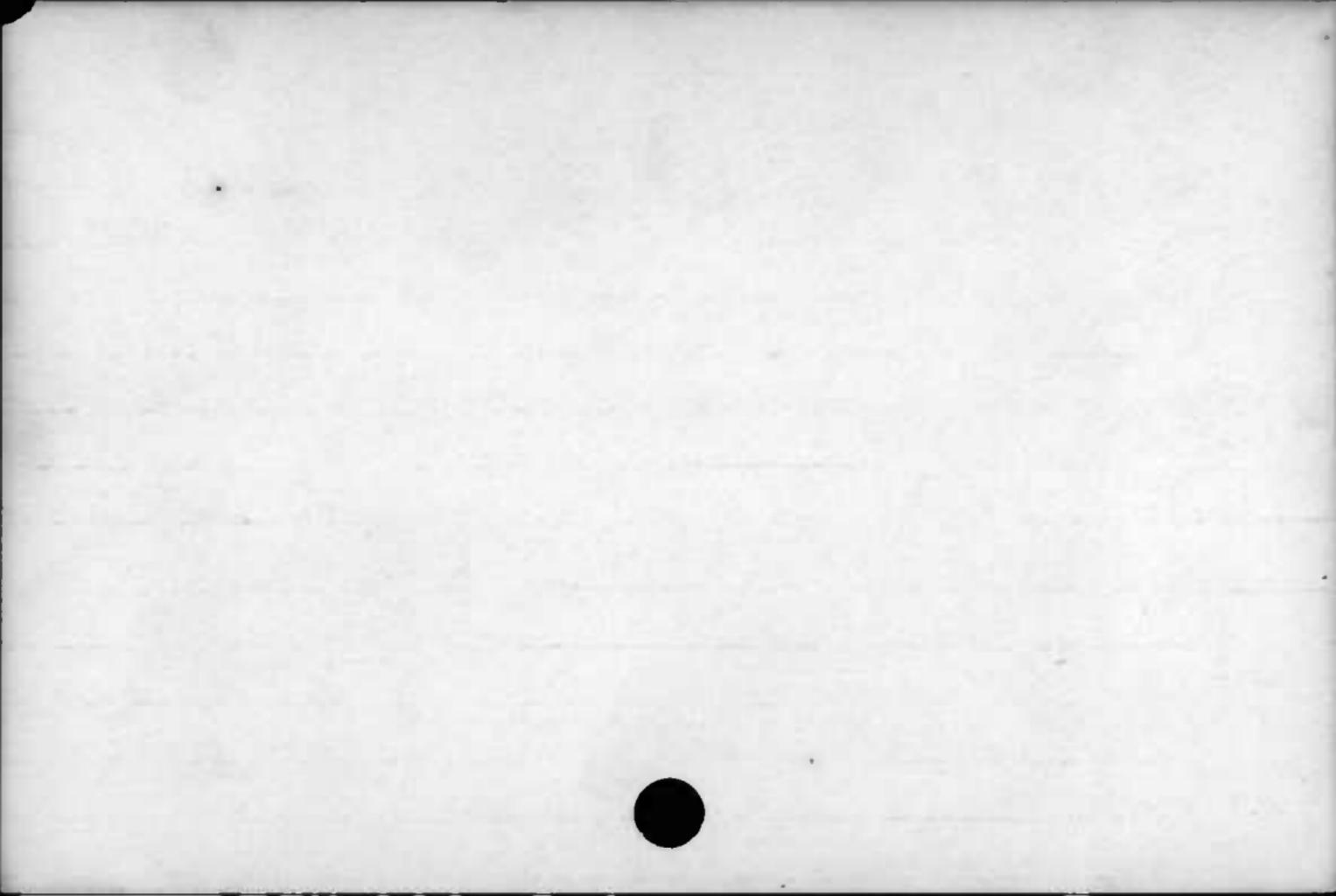
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

R H McKee Sub
Nottingham Md

Accident or Suicide?



Pearl Marie Windsor

Died at Sargo Town Priney County Geo County MARYLAND

Date 19 03 Month April Day 13 Y. 3 M. 24 D. Native of Maryland Occupation -

Male

White

Age Married

Widow

Divorced

Female

Female

Single

Widower

Number of children living

Husband of

Wife

Father's Name

Richard Windsor

Mother's

Rosa Windsor

Maiden Name

Rosa Hutchinson

Cause of

Primary

Measles

How long sick

9 days

Death

Immediate

Pneumonia

Accident, Suicide, Homicide

Reported by

Madeline Cawood, M.D.

Address

Halls, MD

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

